

Jim Doyle  
Governor

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Secretary



**State of Wisconsin**

**Department of Health and Family Services**

**DIVISION OF DISABILITY AND ELDER SERVICES**

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Date: April 4, 2005

To: Interested Parties

From: Sinikka Santala  
Administrator, Division of Disability and Elder Services

Mark B. Moody  
Administrator, Division of Health Care Financing

Re: **SOLICITATION OF BIDS ENTITLED: PREADMISSION SCREENINGS AND  
RESIDENT REVIEWS (PASARR) EVALUATION TEAM: RFB #1521BMHSAS-SM**

You are invited to submit a bid to establish an evaluation team that will conduct PASARR Level II Screens during the duration of the contract. The contract will run from July 1, 2005, through June 30, 2006, with the possibility of three one-year extensions contingent upon the contractor's satisfactory performance and the mutual agreement of both the contractor and the Department. You must bid to complete the PASARR Level II Screens statewide for persons who have a serious mental illness and for persons who have a developmental disability.

Any entity that does not have a direct or indirect affiliation with a nursing facility may submit a bid. Nursing facilities, owners of nursing facilities (in part or in whole), employees of a nursing facility serving in an administrative capacity, and county departments of community programs, under s. 51.42, Stats., and county departments of human services, under s. 46.23, Stats., may not participate in any PASARR evaluations or determinations. In addition, persons who are employed by, under contract to, or who otherwise have a relationship with a nursing facility or any prospective or current resident(s) of a nursing facility may not perform any evaluations or determinations for prospective or current clients of the facility(ies) in which they work or for the prospective or current resident(s) for whom they provide services.

Direct questions regarding this RFB to Dan Zimmerman at (608) 266-7072. Collect calls will not be accepted.

Bids are due at the Division of Disability and Elder Services, 1 West Wilson Street, Room 455, P.O. 7851, Madison, Wisconsin 53707 by 4:00 p.m. on May 16, 2005.

Attachments

REQUEST FOR BIDS  
PASARR EVALUATION TEAMS  
WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES

**I. Overview**

**A. Purpose**

The purpose of this Request for Bids (RFB) is to solicit a contractor to perform federally required Pre-Admission Screens and Resident Reviews (PASARR) to evaluate current and prospective nursing home residents in Wisconsin on behalf of the Wisconsin Department of Health and Family Services. Using this bidding process, the Department plans to contract with a team of professionals to conduct preadmission screens and resident reviews (PASARR) for prospective and current nursing home residents who have a serious mental illness or a developmental disability.

Nursing homes or hospitals will alert the team of the need to perform a PASARR Screen. The screening process will include a physical exam, medical history, a functional status evaluation, etc. Using information from the screens and reviews, the teams will make a determination of each person's need for nursing facility placement and the person's need for specialized services. Also, the team will identify treatment needs for each person screened or reviewed. After completing the screen, the team will notify the person who was evaluated, the referring nursing home or hospital, and the county of responsibility of the evaluation results and the person's identified treatment needs. The team will bill the Department for completed screens.

**B. Organization of RFB**

This Request for Bids is organized as follows:

- I. Overview and Description of the PASARR process
- II. Background
- III. Bid Submission Requirements
- IV. Content Requirements of the Technical Bid and Cost Bid
- V. Special Terms and Conditions
- VI. State Requirements
- VII. Contract Termination
- VIII. Appendices:
  - A. Definitions
  - B. PASARR Decision Tree
  - C. # of PASARR Screens in 2004 Data
  - D. Time Estimates for Completion of a Full and an Abbreviated Level II Screen
  - E. Letter of Intent
  - F. PASARR Specification Compliance Sheet
  - G. Project Organization and Staffing - Key Personnel
  - H. Cost Bid; Part A, Summary Sheet, and Part B, Cost Detail
  - I. Form #DOA-3027, Designation of Confidential and Proprietary Information
  - J. Form #DOA-3054, Standard Terms and Conditions
  - K. Form #DOA-3681, Supplemental Standard Terms and Conditions for Procurement of Services
  - L. Level I Screen
  - M. Level II Screen for John Doe, a person who has a developmental disability
  - N. Level II Screen for Jane Doe, a person who has a serious mental illness

**II. Background**

On November 30, 1992, the federal Health Care Financing Administration (HCFA) published final rules to implement Pre-Admission Screening and Annual Resident Review (PASARR) requirements for all current and prospective nursing facility residents. The regulations, published at 42 CFR Parts 405, 431, 433, and 483, require an evaluation of all prospective nursing facility admissions who are suspected of having a serious mental illness or a developmental disability, regardless of their source of payment. Current nursing home residents, irrespective of their payment source, who may have a mental illness or a developmental disability are also required to be evaluated if they experience a significant change in condition (a change in federal law effective October 19, 1996 replaced the annual resident review requirement with this requirement). PASARR requirements apply only to Medicaid-certified nursing facilities, and do not apply to Medicare only skilled nursing facilities (SNFs), Intermediate Care Facilities for the Mentally Retarded (ICFs/MR), or Community Based Residential Facilities (CBRFs).

The purposes of PASARR are to:

1. Evaluate individuals seeking admission to nursing facilities and current nursing facility residents to determine if they have a serious mental illness or a developmental disability;
2. Identify the individual's strengths and needs;
3. Determine if the individual needs specialized psychiatric rehabilitation services to address his/her mental illness issues or specialized services to address his/her mental illness or developmental disability issues (see Appendix A);
4. Determine if the individual needs a placement in a nursing facility versus placement in an inpatient psychiatric hospital, institution for mental diseases (IMD), intermediate care facility for the mentally retarded (ICF/MR) or a community setting (e.g., group home); and
5. Notify the client or the client's legal representative and other appropriate parties of the results of the evaluations and the determinations.

Under the current process (diagram attached as Appendix B), nursing facilities and hospital discharge planners perform Level I Screens. The Level I Screen identifies persons who are suspected of having a serious mental illness or a developmental disability based on criteria established by the federal regulations and the Department (e.g., the individual receives psychotropic medications to reduce symptoms of delusional thoughts and auditory hallucinations). The contractor only is authorized to complete Level II Screens for individuals who are referred for a Level II Screen via an accurately completed Level I Screen for a preadmission screening or a "change of status" resident review.

Note: The Level I Screens are not completed accurately in all cases. The contractor must be reasonably sure that facts and conclusions in the Level I Screen are accurate prior to completing a Level II Screen. The contractor will not be reimbursed for Level II Screens for which they failed to verify the accuracy of the Level I Screen. Discussions with nursing facility or hospital staff to determine the necessity of a Level II Screen (and related work) involve work and costs that should be incorporated into the total costs for the Cost Bid (see section IV. B. and Appendix H).

Any current or prospective nursing facility resident suspected of having a mental illness or a developmental disability based on a Level I Screen is to be referred to the contractor for a Level II Screen. The contractor will perform the Level II Screen to determine if the person has a serious mental illness or a developmental disability, and if so, then the contractor will make a determination about the appropriateness of nursing facility placement as well as the need for specialized services. The contractor will be expected to work closely both with the prospective/current nursing facility and the county of responsibility.

The process permits an exemption from a Level II Screen for certain short-term admissions. However, the process does not permit any permanent exemptions from a Level II Screen of persons who are suspected of having a serious mental illness or a developmental disability.

On January 2, 1997 the Department informed Wisconsin Medicaid-certified nursing facilities that they must make a referral for a Level II Screen “change in status” review under the following situations:

- a) A client who is admitted under a permissible short-term exemption (e.g., for a post-hospitalization recuperative care stay for up to 30 days) and needs to stay longer beyond the timeframe for the permissible exemption must have a resident review no later than 10 days beyond the permitted timeframe;
- b) A client whose medical/physical condition improves to a level to cause the nursing facility to suspect that the client’s needs could be met in an appropriate community setting, as described in the PASARR regulations and preamble, must have a resident review;
- c) A client who previously received a PASARR review and was found to need specialized services must receive a resident review if his/her level of independent functioning improves such that he/she no longer requires continuous and aggressive treatments and services to address limitations in independent functioning caused by the client’s mental illness or developmental disability;
- d) A client whose independent functioning now is significantly limited as a result of a mental illness or developmental disability, but previously was not significantly limited, must receive a resident review;
- e) If the responses to all questions #1 - 6 in Section A of the Level I Screen for a client at the time of his/her admission to a nursing facility are checked “no” but the response to one or more of these questions should have been “yes”; or
- f) A client who previously received a PASARR review and was found to need specialized services must receive a resident review if his/her level of independent functioning declines due to a marked and permanent deterioration in his/her cognitive functioning due to dementia or health status such that he/she is unable to participate or benefit from specialized services.

#### **A. Department Organization and Program Responsibilities**

In Wisconsin, the Department of Health and Family Services (DHFS) has overall responsibility for the administration of health care funding, primarily through the Division of Health Care Financing and the administration of services through the Division of Disability and Elder Services programs. DHFS is subdivided into program divisions and bureaus, each responsible for a specific area of services to be provided to citizens of the state.

The specific areas of DHFS involved in the administration of the PASARR process and related processes are:

1. The Division of Disability and Elder Services (DDES), which administers community programs, including mental health and developmental disability programs. Within the Division of Disability and Elder Services, the Bureau of Mental Health and Substance Abuse Services (BMHSAS) administers and oversees community programs that provide mental health services to individuals, and the Bureau of Developmental Disability Services administers and oversees community programs that provide supports and services to persons with developmental disabilities. The BMHSAS provides training, oversight and monitoring of the screening process for individuals in and individuals seeking admission to nursing facilities and is responsible for the monitoring of the PASARR processes.

Also within the DDES is the Bureau of Quality Assurance, which is the state survey and certification agency. The Bureau of Quality Assurance surveys all nursing homes in the state for compliance with both state and federal laws and regulations covering nursing homes,

including the PASARR regulations. The Bureau of Quality Assurance also establishes care levels for nursing home residents that, in part, determines Medicaid eligibility for nursing home care.

2. The Division of Health Care Financing (DHCF) administers the health care financing program, Medicaid (also known as Medical Assistance or Title XIX). The Division of Health Care Financing administers the payment of Medicaid funds to certified providers on behalf of eligible recipients.

#### **B. Data Available**

Summaries of the number of Level II Screens anticipated for both persons who have a serious mental illness and persons who have a developmental disability are included in Appendix C. Time estimates for completion of a Full and an Abbreviated Level II Screen are detailed in Appendix D.

### **III. Bid Submission Requirements**

#### **A. RFB and Contract Administration**

This RFB is issued for the State of Wisconsin by the Department of Health and Family Services. The Division of Disability and Elder Services and the Division of Health Care Financing will jointly administer the contract resulting from this RFB. The contract administrator will be the Division of Disability and Elder Services. The contract administrator will represent the Department's interests and rights under this contract.

#### **B. Procurement Schedule**

The following schedule is anticipated for this procurement. **These dates are subject to change at the sole discretion of the State.**

RFB Issued	April 4, 2005
Deadline for Receipt of Written Questions and Letter of Intent	April 18, 2005
Bidders' Conference	April 25, 2005
Answers to Written Questions and Issuance of any RFB Addenda	May 9, 2005
Bids Due	May 16, 2005, 4:00 p.m. C. D. T.
Notice of Intent to Award Contract(s) Issued	May 31, 2005
Contractor(s) Training Period	June 13, 2005 – June 17, 2005
Contractor(s) Start Work	July 1, 2005

#### **C. Use of Subcontractors**

In the event of a bid submitted jointly by more than one (1) organization, one (1) organization must be designated as the prime contractor, and the prime contractor will be solely responsible for ensuring the performance of all aspects of the contract.

#### **D. Independent Price Determination**

By submission of a bid, the bidder certifies, and in the case of a joint bid, each party certifies as to its own organization, and in connection with this procurement that: (1) the prices proposed have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any other competitor; (2) unless otherwise required by law, the prices quoted have not been knowingly disclosed by the bidder on a prior basis directly or indirectly to any other bidder or to any other competitor; and (3) no attempt has been made or will be made by the bidder to induce any other person or firm to submit or not submit a bid for the purpose of restricting competition.

**E. Cost Liability**

The State of Wisconsin assumes no responsibility or liability for any costs incurred by bidders for developing and submitting bids or for participation in oral presentations.

**F. Letter of Intent**

Prospective bidders are requested, but not required, to submit a Letter of Intent (see Appendix H) to bid by the date specified above to the following address:

Dan Zimmerman  
Division of Disability and Elder Services  
1 West Wilson Street, Room 455  
PO Box 7851  
Madison WI 53707-7851

Failure to submit a Letter of Intent will not preclude the submission of a bid. A notice of a change in date, time or location of the above procurement schedule will be sent only to those prospective bidders who submit a Letter of Intent by the due date. Answers to the written questions and any addenda/clarification to the RFB will be sent only to prospective bidders who submit a Letter of Intent by the due date, attend the Bidders' Conference, or submit a written request for this information to Dan Zimmerman.

**G. Reasonable Accommodations**

The Department will provide reasonable accommodations, including the provision of informational material in an alternative format, for qualified individuals with disabilities upon request. If you think you need special accommodations at the Bidders' Conference or opening of the bids, contact Dan Zimmerman at 608-266-7072 or via e-mail at [zimmeds@dhfs.state.wi.us](mailto:zimmeds@dhfs.state.wi.us).

## **H. Written Questions**

Prospective bidders may send written questions via US Postal Service, fax or e-mail regarding the technical and contractual provisions of this RFB to:

Dan Zimmerman  
Division of Disability and Elder Services  
1 West Wilson Street, Room 455  
PO Box 7851  
Madison WI 53707-7851  
608-267-7793 (fax)  
[zimmeds@dhfs.state.wi.us](mailto:zimmeds@dhfs.state.wi.us)

All written questions submitted before or at the Bidders' Conference will be answered in writing by the State. Questions received after the due date specified will not be answered. To the extent possible, the questions will remain as written. However, the State may consolidate and paraphrase questions received.

Any oral responses received by a prospective bidder will not be considered binding on the State unless confirmed in writing by the State.

## **I. Bidders' Conference**

A Bidders' Conference will be held by the State on April 26, 2005 from 1:00 a.m. to 3:30 p.m. in Room B139, 1 W. Wilson Street in Madison, Wisconsin. Prospective bidders will have an opportunity to request clarification of any uncertainties in the RFB. There will be a limit of three (3) representatives for each prospective bidder. Attendance at the bidder's conference is **strongly** recommended.

## **J. RFB Addenda**

The State reserves the right to modify the RFB prior to the bid due date by issuing written addenda. All written addenda to the RFB will become part of the final contract. Again, answers to the written questions and any addenda/clarification to the RFB will be sent only to prospective bidders who submit a Letter of Intent by the due date, attend the Bidders' Conference, or submit a written request for this information to Dan Zimmerman.

## **K. Submission of Bids**

Sealed bids must be submitted by the due date and time to:

Dan Zimmerman  
Division of Disability and Elder Services  
1 West Wilson Street, Room 455  
PO Box 7851  
Madison WI 53707

Bids must be prepared in two (2) components: The Technical Bid and Cost Bid. These components must be prepared in accordance with the provisions of the RFB. The original and three (3) copies of the Technical Bid and the Cost Bid under sealed cover must be received at the above address no later than 4:00 p.m. CDT on May 17, 2005. Bidders mailing their bids must allow sufficient time for delivery of their bids by the time specified. Bids received after the due date and time will not be accepted and will be returned unopened.

**The outside cover of the package containing both the Technical Bid and the Sealed Cost Bid must mark their response envelope “Sealed Bid (DO NOT OPEN); Bid #; Date & Time of Opening - 5/17/05 @ 4:00 p.m.; PASARR Services.”** Any bid that is inadvertently opened as a result of not being properly and clearly marked is subject to rejection. Because of this requirement, bids that are submitted via a facsimile machine will not be accepted. Bids must be submitted separately, i.e., not included with sample packages or other bids.

#### **L. Opening of the Bids**

The bid opening will occur on May 17, 2005 at 4:00 p.m. CDT in 1 West Wilson Street, Room 455, Madison, Wisconsin. The bid opening is a public action and is open to attendance by interested bidders and the public. The location of the bid opening may be changed depending on the number of persons in attendance. As each bid is opened, the date and time of the opening will be recorded, the name of the bidder, and the average price per screen noted in the Cost Bid will be read aloud.

No activity on the part of bidders at an opening of the bids, other than attendance and note taking, is permitted. Any attempt to qualify or change any bid by any bidder in attendance may result in the rejection of that bidder's bid.

#### **M. Bid Clarification**

The State reserves the right to contact a bidder to clarify their Technical Bid or their Cost Bid and to verify the qualifications of proposed staff. During a contact for clarification, the total of allowed costs plus profit and the average cost per screen may not be decreased, unless due to arithmetical errors. Also, new bid materials for the Technical Bid cannot be considered unless the materials are considered by the State to be a clarification of materials previously submitted.

#### **N. Withdrawal of Application**

Bids may be withdrawn by written notice from the applicant or his/her authorized representative. Bids also may be withdrawn in person by the applicant or his/her authorized representative, providing that his/her identity is made known and he/she signs a receipt for the bid.

#### **O. Bid Requirements and Information**

1. Bids must be submitted in two (2) parts: a Technical Bid and a Cost Bid. The format and content of each part are specified in the “Content Requirements of the Technical Bid and Cost Bid” section. The bidder must submit required information using Appendices G, H, M, and N. Failure to provide any requested information or any deviation from the prescribed forms may result in disqualification of the bidder.

Use of Appendix E is optional. Use of Appendix I is not required unless the bidder wants to claim portions of their bid package as a trade secret under s. 19.36(5), Wis. Stats., or as material that otherwise can be kept confidential under the Wisconsin Open Records Law. If a bidder wishes to supplement the required Appendices with additional information, attachments may be submitted.

2. The Wisconsin Open Records Law requires public disclosure of all sealed bids and related documents upon execution of the Intent to Award a Contract. Inspection is subject to the rules and statutes of the State of Wisconsin. Prospective bidders are to complete Form DOA-3027, Designation of Confidential and Proprietary Information (see Appendix I) for items or materials that can be kept confidential under the Wisconsin Open Records Law. Bidders are solely responsible for the defense of any materials designated as confidential.



3. The bid abstract will be on file in the Bureau of Mental Health and Substance Abuse Services, One West Wilson Street, Room 455, Post Office Box 7851, Madison, Wisconsin 53707-7851, and is open to public inspection after an award has been made.
4. The contents of the Technical Bid and the Cost Bid, as accepted by the State, will become part of any contract awarded as a result of the RFB. The State will have the right to use all ideas or adaptations of those ideas contained in any bid received in response to this RFB. Submission of a bid shall constitute bidder recognition, understanding, and consent to adhere to terms and conditions of this RFB, the RFB addendum (if any), and those in Form DOA-3054, Standard Terms and Conditions in Appendix J and Form DOA-3681, Supplemental Terms and Conditions for Procurement of Services in Appendix K.
5. This RFB may or may not result in the award of a contract. The State reserves the right to cancel this RFB at any time for any reason, and to reject any and all bids. Receipt of bids by the State confers no rights upon the bidder and does not obligate the State in any manner.
6. Selection of the contractor will be based on information submitted in the Technical and Cost Bids and any attachments; the bidder agrees to this when the bidder submits the Technical and Cost Bids. Brochures or other presentations, beyond that sufficient to present a complete and effective bid are not desired. Elaborate artwork, expensive papers and binders, and expensive visual and other presentation aids are not necessary.

**P. Department's Right of Refusal**

The Department reserves the right to reject the bid of a bidder who has a prior history of poor contract performance or other contractual difficulties with this or other State departments.

**Q. Method of Award**

1. Selection of the contractor will be based on information submitted in the Technical and Cost Bids and any attachments. A bid will be awarded to the lowest responsible bidder. The term, "lowest responsible bidder" is defined in State regulations (Adm. 6.01):
  - (9) "Lowest responsible bidder" means the person or firm submitting the competitive bid with the lowest price that meets the specifications contained in the requests for bids. In establishing the lowest responsible bidder, all of the following factors may be considered:
    - (a) The financial ability to provide the services required or to complete the contract;
    - (b) The skill, judgement, experience, and resources to complete the contract;
    - (c) The necessary facilities, staff, personnel, and equipment to complete the contract;
    - (d) The demonstrated ability to satisfactorily perform the work or provide the materials in a prompt, conscientious manner;
    - (e) The demonstrated ability to comply in situations where the award is contingent on special considerations subject to the nature of the services or contract required; and
    - (f) Any other factor determined to be relevant in assessing the bidder's ability to supply as required.
2. PASARR RFB Specification Compliance Sheet

A copy of the PASARR Specification Compliance Sheet is included for bidders to use as a checklist to ensure they have included all the required information before submitting the RFB

(see Appendix F). The Specification Compliance Sheet contains all the criteria that will be used by the reviewers of the RFB, with the exception of the specific concepts that bidders must include in the Bidder Understanding section.

### 3. Review Panel

Each RFB will be reviewed by at least two reviewers. Any required item that is scored as “Unknown/Cannot Determine” by a reviewer will be reviewed by the entire panel for a final determination based on a consensus of the entire panel. Also, any required item that is scored “Yes” by one reviewer and “No” by the other reviewer will be reviewed by the entire panel for a final determination based on a consensus of the entire panel.

Failure of a bidder to respond to a specific requirement may be the basis for elimination from consideration during the State’s review of bids. Failure by a bidder to meet any portion of the requirements may result in rejection of the bid. As stated in Section III. L., the State reserves the right to contact a bidder to clarify their Technical Bid or their Cost Bid and to verify the qualifications of proposed staff.

### 4. Tie Breaker

The tie breaker is to be used in the event that two or more bidders meet the technical requirements and quote the same average price per screen. The bidder who employs or has access to the largest number of experienced key personnel will be awarded the bid as determined by the total for all key personnel of the amount of time each key personnel is expected to work (FTE position) times the number of years of experience the person has completed PASARR Level II Screens using Wisconsin’s PASARR policies and procedures since 1994, as documented in their resume.

## **R. Appeals Process**

Notices of intent to protest and protests must be made in writing. Protesters should make their protests as specific as possible and should identify statutes and Wisconsin Administrative Code provisions that are alleged to have been violated.

The written notice of intent to protest the intent to award a contract must be filed with the DHFS Secretary, Wisconsin Department of Health and Family Services, One West Wilson Street, Room 650, Post Office Box 7850, Madison, Wisconsin 53707 and received in that office no later than five (5) working days after the notice of intent to award is issued. The written protest must be received in the Secretary’s Office no later than ten (10) working days after the notice of intent to award is issued.

The decision of the Secretary of the Department of Health and Family Services may be appealed to the Secretary of the Department of Administration within five (5) working days of issuance, with a copy of the appeal filed with the procuring agency, provided the appeal alleges a violation of statute or a provision of Wisconsin Administrative Code.

## **S. VendorNet**

The State of Wisconsin’s purchasing information and vendor notification service is available to all businesses and organizations that want to sell to the state. Anyone may access VendorNet on the Internet at <http://vendornet.state.wi.us> to get information on state purchasing practices and policies, goods and services that the State buys, and tips on selling to the State. Vendors may use the same Web site address for inclusion on the bidders list for goods and services that the organization wants to sell to the State. A subscription with notification guarantees the

organization will receive an e-mail message each time a state agency, including any campus of the University of Wisconsin System, posts a request for bid or a request for proposal in their designated commodity/service area(s) with an estimated value over \$25,000. Organizations without Internet access receive paper copies in the mail. Increasingly, state agencies also are using VendorNet to post simplified bids valued at \$25,000 or less. Vendors also may receive e-mail notices of these simplified bid opportunities.

#### **IV. Content Requirements of the Technical Bid and Cost Bid**

##### **A. Technical Bid Requirements**

The Technical Bid must include the following sections, separated by tabs, in the order listed:

- Transmittal Letter
- Table of Contents
- Executive Summary
- Project Organization and Staffing
- Bidder Understanding of the PASARR Processes

No reference to the Cost Bid may appear in any section of the Technical Bid.

##### **1. Transmittal Letter**

An individual authorized to legally bind the bidder must sign the Transmittal Letter. It must be part of the Technical Bid. The letter is to identify all material and enclosures being submitted in response to the RFB.

The Transmittal Letter must include the following statements that:

- a. The bidder is the prime contractor. The bidder will assume sole responsibility for all of the contractor responsibilities and work indicated in the RFB. The bidder must identify any and all known subcontractors.
- b. No attempt has been made or will be made by the bidder to induce any other person or firm to submit or not submit a bid.
- c. Affirmative Action statement that the bidder does not discriminate in employment practices with regard to race, color, ancestry, physical condition, creed, religion, age, sex, marital status, disability, arrest record or conviction, sexual orientation, national origin, or handicap.
- d. The Technical Bid and the Cost Bid are valid for the duration of the contract.
- e. The person signing this bid is authorized to make decisions on behalf of the bidder's organization as to the prices quoted and that the person has not participated, and will not participate, in any action contrary to the above statements.
- f. The bidder agrees to abide by the provisions of Section V, Special Terms and Conditions.
- g. If the bid deviates from specifications and requirements of this RFB, the Transmittal Letter must identify and explain these deviations. The State reserves the right to reject any bid containing such deviations or to require modifications before acceptance.

## 2. Table of Contents

The Technical Bid must contain a table of contents, which includes page numbers. This section must not contain any references to the Cost Bid.

## 3. Executive Summary

The Executive Summary section must condense and highlight the contents of the Technical Bid in such a way as to demonstrate to the State that the bidder has a broad understanding of the entire bid.

The Executive Summary must include a summary of the proposed approach, the staffing structure and task schedule, staff organization structure and the qualifications of key personnel.

## 4. Project Organization and Staffing

In this section, the bidder shall present, in detail, the bidder's organization and the staffing plan for successful completion of this project. All key personnel and their role in this project must be identified in the bidder's organization. Staffing plans for performing PASARR evaluations and determinations must be identified (for identification of key personnel, back-up personnel plan and other required professional staff, see Section V, Special Terms and Conditions, item E).

## 5. Bidder Understanding of the PASARR Processes

Each bidder must submit a completed Evaluation Summary and Notice of Appeal Rights document based on each of the two attached case examples in Appendices M and N. These responses must have:

- a. The correct determinations of the need for nursing facility placement and the need for specialized services;
- b. A written rationale that supports the determinations of the need for nursing facility placement and the need for specialized psychiatric rehabilitation services or specialized services; and
- c. Writing that is clear and understandable for clients or their legal representatives.

## **B. Cost Bid Requirements**

The Cost Bid is to be completed using the instructions described for each section and the required forms contained in Appendix H. Those forms provide the means by which a bidder must supply **all** costs related to the PASARR process. Failure to provide any requested information or any deviation from the prescribed forms may result in disqualification of the bidder.

A brief narrative explaining how you determined each item in your budget must accompany the Cost Bid. For example:

Example 1) If the Cost Bid provides for mileage reimbursement to staff, is the reimbursement based on 22 to 32.5¢ per mile, the rate given to State employees or is the reimbursement based on 34.5¢ per mile, the rate permitted by IRS as an employee business expense?

Example 2) Is the rate paid to consultants for performing Level II Screens based on a per screen basis or an hourly basis and at what rate?

Cost Bids will be audited for arithmetic accuracy and reasonableness, which includes a comparison between a Cost Bid and the technical requirements and other business requirements (e.g., rent) to ensure that the Cost Bid permits the fulfillment of the terms of the contract. A contract will be awarded to the lowest responsible bidder (at or below \$219 per screen inclusive of all costs) that meets the technical requirements for each area. **Note: any bid that exceeds a price of \$219 per screen will be rejected. Also, the Department reserves the right to renegotiate the Cost Bid of the lowest responsible bidder if the Cost Bid contains reimbursement for nonallowable or unreasonable costs. If the Department and the lowest responsible bidder fail to reach an agreement, the lowest responsible bidder will not be offered a contract and negotiations may begin with the next lowest responsible bidder.** The Cost Bid is considered binding upon the contractor for the duration of the contract; the statement at the bottom of the Cost Bid must be signed. **In addition, bidders should anticipate that the Department will not agree to an increase in the reimbursement per screen during the period covered by this RFB.**

### 1. Allowable Cost Policy Manual Considerations

All Cost Bids must be based on the Allowable Cost Policy Manual, which permits reimbursement for “reasonable and allowable” costs that are directly related to the services for which the Department is contracting. The Department will recover funds if the budget overestimates actual costs or costs are determined to be unreasonable or non-allowable. Costs for goods or services that are significantly higher than those that can be obtained elsewhere in the community are “unreasonable.” Costs for goods or services that are not directly related to the services for which the Department is contracting (e.g., costs for a holiday party) are nonallowable.

- a. “Reasonable salaries” for all corporate officers or head of the agency, for the purposes of this RFB and resulting contract(s), will be defined as:
  - (1) Wages for clinical work performed. These wages must be commensurate with your educational level and the wages paid to other QMHPs, QMRPs, or psychiatrists. For example, if a corporate officer goes to a nursing facility to perform a Level II Screen, he/she may receive the same per screen compensation other agency staff who have similar educational and experiential backgrounds receive. Work for making Level II determinations may be based on an hourly wage or per screen basis, but must be comparable to what is paid to other staff for doing this work, whether hired on a temporary or permanent basis.
  - (2) Wages for clerical work performed. If a corporate officer does data entry, filing, photocopying, scheduling of staff to perform screens, etc., then he/she may receive compensation commensurate with an hourly wage paid to a clerical employee.
  - (3) Wages for administrative/training work includes the following types of activities: a) hiring and firing staff; b) review and monitoring the work of your staff; c) training of your staff; d) provision of information/training to nursing facilities; e) office direction and supervision; and f) activities related to obtaining and maintaining the contract, such as meeting with attorneys, accountants, and auditors. A person engaging in this work would likely be classified as a Social Services Supervisor in the State system earning wages (including benefits) of \$28.413 per hour, which is equivalent to \$59,326 per year based on a full-time position of 2,080 hours per year.

- b. The Allowable Cost Policy Manual allows for profits for for-profit agencies defines profit as:

“An allowance of a reasonable return on equity capital invested and used in the provision of client care may be included as an element of reasonable cost of covered services furnished to beneficiaries by proprietary providers. The amount allowable on an annual basis is determined by applying a percentage equal to 7.5% of net allowable operating costs plus 15% applied to the net equity defined below, the sum of which may not exceed 10% of the net allowable operating costs. “Net equity” is defined as the Cost of Equipment, Cost of Buildings, Cost of Land and Cost of Fixed Equipment Less: Accumulated Depreciation and long term liabilities. The average net equity for the year shall be used.”

For example, let us assume that a PASARR agency named “X” had only three categories of expenses for 1994 --- staff wages of \$490,000 and office supplies of \$10,000 for a total of \$500,000 of net allowable costs and equipment (tables, chairs, a computer, photocopier, and file cabinets) equal to \$20,000 of net equity income. Note that profit cannot exceed 10% of the \$500,000 (= \$50,000). The profit in this example equals 7.5% of \$500,000 (= \$37,500) + 15% of \$20,000 (= \$3,000) = for a total profit of \$40,500.

- c. The Allowable Cost Policy Manual permits reserve amounts for non-profit agencies up to 5% of the net allowable costs to be carried over from one year to another year.

## **2. Billing Clients, Medicaid, or Other Parties for PASARR Related Costs**

The contractor shall not bill clients or any other third party for any costs related to a PASARR Level II Screen. The sole reimbursement is limited to that which is authorized by the Contract Administrator based on the contract resulting from the Cost Bid.

### 3. Cost-Reimbursement Process

Services under the PASARR RFB and resulting contract will be paid on a cost reimbursement basis. Although monthly reimbursement for each type of service shall consist of an amount equal to the stated rate times the number of screens reported and approved by the contract administrator, total reimbursement at the end of the contract period may not exceed actual allowable costs as defined by the Department's Allowable Cost Policy Manual and determined by the Department's reviewer of the contractor's contract required certified audit.

In addition, at the time when contracts are executed, a contract maximum reimbursement amount will be established by multiplying the estimated number of screens by the bidder's average price per screen as shown on Appendix H. Payments under the contract will not exceed this amount unless the Department approves such payments based on a reassessment of the number of screens being billed and the contractor's cost of performing the screens.

The contract that results from this RFB will be a cost-reimbursement contract. However, to make the process more efficient for both the contractor and the Department, the Department will establish a single blended rate for the contractor based on the total costs for the successful bidder divided by the total number of screens expected to be completed during a year. Our intent is to have the contractor complete a screen for all legitimate referrals. The contractor will receive the blended rate compensation for all screens (Full, Partial, and Abbreviated Level II Screens).

The PASARR contractor's audit for each contract year will need to show all revenue received from the state, all allowable and nonallowable costs and profit. If a contractor fails to return funds paid by the Department in excess of the allowable cost of the services provided, the Department may recover from the contractor any money paid in excess of the conditions of this agreement from subsequent payments made by the Department to the contractor or may recover such funds by any legal means. Note: If a disagreement over payable costs cannot be resolved between the contractor and the contract administrator, the contractor may request a review of the matter from the Department Secretary's Office.

### 4. Adjustment in Reimbursement Over the Course of the RFB Period

The Cost Bid will set a firm reimbursement rate for a twelve-month period. The PASARR contractor may request a renegotiation with the PASARR Contract Administrator of the Cost Bid (7/1/05-6/30/06 budget) and reimbursement if actual expenditures are substantially different than initially projected. Any request for renegotiation must be accompanied by an updated budget that accounts, by budget line, for increased costs. The Department will not agree to any increase that exceeds the Cost of Living Index for the past twelve months. Any increase in reimbursement that is agreed upon will be effective beginning July 1st of the year following the request for renegotiation. **However, bidders should anticipate that the Department will not agree to an increase in the reimbursement per screen during the period covered by this RFB.**

## V. Special Terms and Conditions

The State of Wisconsin reserves the right to incorporate standard State contract provisions into any contract negotiated with any proposal submitted responding to this RFP (Standard Terms and Conditions (DOA-3054) and Supplemental Standard Terms and Conditions for Procurements for Services (DOA-3681)). Failure of the successful bidder to accept these obligations in a contractual agreement may result in cancellation of the award.

- A. Within 60 days after the initial award of a bid, the bidder must have evidence of professional and liability insurance for itself as an organization and the professionals whom it employs.
- B. If the use of subcontractors is proposed by the bidder, a written agreement/contract with each subcontractor must be signed by an individual authorized to legally bind the subcontractor and by an individual authorized to legally bind the bidder/contractor that states:
  - 1. The general scope of work to be performed by the subcontractor and the percentage of total work based upon contractor price;
  - 2. The subcontractor's willingness to perform the work indicated; and
  - 3. The subcontractor does not discriminate in their employment practices with regard to race, color, religion, age, ancestry, physical condition, disability, sex, marital status, creed, sexual orientation, arrest and conviction, national origin, or handicap.
- C. The contractor agrees that they will:
  - 1. Hire staff with special translation or sign language skills and/or provide staff with special translation or sign language skills training, or find qualified persons who are available within a reasonable period of time and who can communicate with limited- or non-English speaking or speech-impaired or deaf or hard of hearing clients at no cost to the client;
  - 2. Provide aids, assistive devices and other reasonable accommodations to the client during the evaluation process, in the receipt of services, and in the processing of complaints or appeals;
  - 3. Train staff in human relations techniques, sensitivity to persons with disabilities and sensitivity to cultural characteristics;
  - 4. Make programs and facilities accessible, as appropriate, through outstation authorized representatives, work hours, ramps, doorways, elevators or ground floor rooms, and Braille, large print or taped information for the visually or cognitively impaired; and
  - 5. Post and/or make available informational materials in languages and formats appropriate to the needs of the client population.
- D. Conflict of Interest
  - 1. The contractor assures that it has no direct or indirect affiliation with a nursing facility and agrees not to acquire any affiliation during the life of this contract. In addition, the contractor will not employ or subcontract with any person or firm that has a direct or indirect affiliation with a nursing facility during the course of this contract. The contractor agrees that any direct or indirect affiliation with a nursing facility by any employee or firm is grounds for immediate termination of this contract.
  - 2. Persons who are employed by, under contract to, or who otherwise have a relationship with a nursing facility or any prospective or current resident(s) of a nursing facility may not perform any evaluations or determinations for prospective or current clients of the facility(ies) in which they work or for the prospective or current resident(s) for whom they provide services.

Note: Owners of nursing facilities (in part or in whole) and employees of a nursing facility serving in an administrative capacity may not participate in any PASARR evaluations or determination.



## E. Personnel and Related Issues

### 1. Key Personnel

For the Level II process for persons with a serious mental illness, the following positions or their equivalents in the contractor's proposed organization are considered Key Personnel:

- Qualified Mental Health Professional (QMHP, as defined in Appendix A).
- A Board-certified psychiatrist, a physician who has satisfactorily completed the Board's specialized training requirements in psychiatry, or a physician who is participating in a psychiatric residency program and whose work is reviewed and countersigned by a Board-certified psychiatrist (note: a psychiatrist meets the qualifications of a QMHP).

For the Level II process for persons with a developmental disability, the following positions or their equivalents in the contractor's proposed organization are considered Key Personnel:

- Qualified Mental Retardation Professional (QMRP, as defined in Appendix A)

The contractor shall identify each key person by full name and his/her specific responsibilities; detailed resumes; and a photocopy of educational degree and certification/licensure, as applicable for the person's profession, for all key personnel must be submitted to the Department.

### 2. Backup Personnel Plan

The contractor must ensure a continuity of services during an employee's/consultant's absence due to illness, vacation, extended leave, termination, retirement, etc. If the contractor employs or contracts for only one person with the professional qualifications of a key personnel (i.e., only one psychiatrist, only one QMHP or only one QMRP), then the contractor must send the Department a photocopy of a written contract or written agreement with another person meeting the same minimum qualifications who agrees to provide services during the employee's/consultant's absence.

### 3. Other Professional Staff

For persons who have a serious mental illness and persons who have a developmental disability, the contractor must employ or provide the Department with a photocopy of a written contract or written agreement of access to the following professionals or agencies that employ the following professionals:

- a. Licensed physician (or licensed physician assistant or nurse practitioner, as permitted by State statutes and regulations) to perform a history and physical as required by the federal PASARR regulations;
- b. Licensed psychologist to perform a psychometric evaluation as required by the federal PASARR regulations; and
- c. Sign language or foreign language interpreter if the person receiving the PASARR Level II Screen primarily uses sign language or a foreign language.

The contractor must utilize these professionals in accordance with the PASARR statutes and regulations.

### 4. Changes in Staff During the Course of the Contract

The contractor must submit to the Contract Administrator, for approval prior to utilizing any new key personnel, each key person by full name and his/her specific responsibilities; detailed resumes; and a photocopy of educational degree and certification/licensure, as applicable for the person's profession. In addition, the contractor must maintain the back-up plan and arrangements for "other professional staff" and notify the Contract Administrator in writing of any changes in the back-up plan and arrangements for "other professional staff."

- F. The bidder/organization must ensure that all staff in its employ (directly, under contract, subcontract, or through other arrangement) receive initial and ongoing training to ensure the accurate completion of PASARR Level II Screens.
- G. The bidder/organization will ensure that all its employees and contracted agents comply with all applicable client rights under State and federal statutes and regulations.
- H. The bidder/organization must use sufficient resources to complete all referred Level II Screens within the time frames required. For persons who have a serious mental illness, the evaluation team must include, at a minimum, a psychiatrist and a QMHP (a psychiatrist meets the qualifications of a QMHP and may complete the entire evaluation without the involvement of another QMHP). For persons who have a developmental disability, the evaluation team must include, at a minimum, a person who meets the qualifications of a QMRP. For both populations, the contractor must ensure that the person(s) assigned to make the determination of the need for specialized services and the determination of the need for nursing facility placement is not also assigned to complete the evaluation of the resident (current or prospective) and is a QMHP or QMRP, as appropriate for each individual screen.
  - 1. Each preadmission screen must be completed and a determination made in writing as soon as possible, but no later than eight (8) working days after the Level I Screen is received.
  - 2. Except as stated in paragraph a. below, the Provider must complete a resident review within 30 days following receipt of a referral for a current nursing facility resident. Nursing facilities must make a request for a resident review under the following situations:
    - a. A client who is admitted under a permissible short-term exemption (e.g., for a post-hospitalization recuperative care stay for up to 30 days) and needs to stay longer beyond the timeframe for the permissible exemption must have a resident review no later than 10 days beyond the permitted timeframe;
    - b. A client whose medical/physical condition improves to a level to cause the nursing facility to suspect that the client's needs could be met in an appropriate community setting, as described in the PASARR regulations and preamble, must have a resident review;
    - c. A client who previously received a PASARR review and was found to need specialized services must receive a resident review if his/her level of independent functioning improves such that he/she no longer requires continuous and aggressive treatments and services to address limitations in independent functioning caused by the client's mental illness or developmental disability;
    - d. A client whose independent functioning now is significantly limited as a result of a mental illness or developmental disability, but previously was not significantly limited must receive a resident review;

- e. If the responses to all questions # 1 - 6 in Section A of the Level I Screen for a client at the time of his/her admission to a nursing facility are checked “no” but the response to one or more of these questions should have been “yes”; or
  - f. A client who previously received a PASARR review and was found to need specialized services must receive a resident review if his/her level of independent functioning declines due to a marked and permanent deterioration in his/her cognitive functioning due to dementia or health status such that he/she is unable to participate or benefit from specialized services.
- I. The bidder/organization must contact the county liaison at the time of a referral for a preadmission screen and when the determinations are made for all current and prospective nursing facility residents who have a serious mental illness or a developmental disability. In addition, whenever the determination of an individual’s need for nursing facility placement is “no,” the bidder/organization must contact the PASARR Contract Administrator within 24 hours after making such a determination.
- J. Except for Partial and Abbreviated Level II Screens (defined on pages 21 and 22 in Appendix A), each Level II Screen must include at least one direct observation of or interview with the person who is being evaluated. For completion of a Full Level II Screen for persons who have a serious mental illness, a face-to-face psychiatric evaluation must be completed by a Board-certified psychiatrist, a physician who has satisfactorily completed the Board’s specialized training requirements in psychiatry, or a physician who is participating in a psychiatric residency program and whose work is reviewed and countersigned by a Board-certified psychiatrist. Note: The Department’s policies and procedures permit the use of existing data that is accurate and reflects current functioning, which may obviate the requirement of a direct observation for some screens.

Also, for each Full Level II Screen both for persons who have a serious mental illness and for persons who have a developmental disability, the contractor must involve the client; the client’s legal representative, if the client has one; and the client’s family if the client or his/her legal representative agrees to family participation and the family is available.

- K. The contractor must document evaluation findings using a Department-approved format or a Department-approved form.
- L. The contractor must ensure that an evaluation summary is written for each screen and that a team member presents, in person, a copy of the evaluation summary and an interpretation of the evaluation results and recommendations to the person who was evaluated (or his/her legal representative, if he/she has one). If a client or his/her legal representative is not available to meet with the team member (i.e., the legal representative lives in another state; the legal representative works two full-time jobs, or the screen was completed without a direct observation of the client per Department policies and procedures), then the team member is to document the bona fide efforts made to involve the client or his/her legal representative. The team member must mail the evaluation summary via registered or certified mail to the client or his/her legal representative. If a client or the client’s legal representative refuses to sign the notice of appeals rights, then the team member is to document the bona fide efforts made to inform the client or the legal representative of the evaluation summary and notice of appeal rights and the date(s) of these attempts to present the evaluation summary and notice of appeal rights to the client or legal representative.
- M. Within 21 calendar days after the Level II determinations are made by the contractor, the contractor must mail or give photocopies of applicable portions of a Level II Screen to the client or his/her legal representative, to the county staff, nursing facility, and hospital that have a right

to receive PASARR information without the client's prior informed consent. "Applicable portions" are determined by the Department.

- N. A completed Level II (Abbreviated, Partial or Full) may be included in the invoice for payment for any month during the term of the contract. An invoice may only be submitted once per month and must be submitted on the Department-approved invoice form to the Department's Contract Administrator. A Level II Facesheet must be submitted for each Level II Screen claimed to have been completed on the invoice. A copy of the first page of the PASARR Level I form also must be submitted to the Department for each preadmission screen completed and for each person who had not been screened previously and now received an annual resident review. For each Partial Level II Screen claimed to have been completed, a copy of a rationale supporting the determination that the criteria in the definition of serious mental illness or developmental disability are not met must be submitted. The Contract Administrator will verify the number and appropriateness/completion of Level II Screens being claimed for reimbursement and forward the invoice to the proper office for payment.
- O. The contractor must enter all information contained on each client's Level II Facesheet into a Department-approved spreadsheet or database program. A copy of the spreadsheet or database on a 3.5-inch floppy disk or CD, along with the invoice for payment and accompanying Level II Facesheets, must be sent to the Contract Administrator at least monthly. A copy of the database may be sent via e-mail in a password-protected attachment to the Contract Administrator in lieu of sending a 3.5-inch floppy disk.
- P. Record retention. The bidder/organization must store and safeguard all PASARR records against loss, destruction, or unauthorized use consistent with s. 51.30, Wis. Stats., which deals with confidentiality of treatment records. All PASARR records must be kept for at least a five-year period. In the event that the contract is not renewed, the bidder/organization must submit all PASARR records to the Department.
- Q. The bidder/organization must respond immediately to all on-site inquiries from the Department and make all records available to the Department. The bidder/organization must respond within three (3) working days to all inquiries from the Department that require materials to be mailed to the Department. All records must be made available to the Department.
- R. The Contract Administrator can withhold or recoup full or partial payment for Level II Screens that were found to be:
  - 1. Incomplete;
  - 2. Based on fraudulent claims;
  - 3. Based on arithmetical errors in computing the claims;
  - 4. Based on other errors found in the reimbursement process;
  - 5. Not completed within the specified timeframes;
  - 6. Not mailed to the required parties within 21 calendar days after the Level II determinations are made by the contractor;
  - 7. In excess of allowable costs; or
  - 8. For other instances of non-compliance with the terms of this RFB or the resulting PASARR contract.

## **VI. State Responsibilities**

- Training of contractor staff.
- Distributing information regarding the Wisconsin PASARR process to affected facilities and organizations.

- Informal dispute resolution between contractor and counties, nursing facility, and the person/legal representative, when needed.
- Monitoring compliance with the contract and State and federal regulations.
- Monitoring the accuracy and appropriateness of the evaluations and determinations.

## **VII. Contract Termination**

The contract will run from July 1, 2005 to June 30, 2006 with the possibility of three one-year extensions contingent upon the contractor's satisfactory performance and the mutual agreement of both the contractor and the Department. The Department reserves the right to terminate the contract with a bidder/organization if the Department has evidence of a failure to comply with any of the Technical Bid Requirements or any of the contractual terms. In addition, the Department may terminate the contract with a bidder/organization if either the following standards of performance are not met:

- A. The inter-rater agreement comparing the bidder/organization's PASARR determinations and Department employees PASARR determinations must be 95% or greater. This criterion applies only to the random samples of screens chosen by Department employees for monitoring purposes; and
- B. The bidder/organization must perform evaluations that are accurate, meaning current and valid. The bidder/organization must not perform more than ten evaluations annually that are demonstrated to be inaccurate.

Also, the Department reserves the right to renegotiate the price per screen with the bidder/organization if federal requirements or reimbursement levels change.

## Appendix A Definitions

1. **Abbreviated Level II Screen.** An Abbreviated Level II Screen determines if a person has a severe medical condition, listed below, that indicates that he/she is unable to participate in or benefit from specialized services at that time. It is not necessary to complete all portions of the Level II evaluation form if there is adequate documentation supporting the medical diagnosis with a description of the severity of the illness. The nursing facility or hospital is to submit the appropriate medical documentation with the Level I Screen to the team. The team then reviews the materials and either determines that the medical condition does result in severe impairment or conducts a Full Level II Screen. A determination that a severe impairment exists will exempt the person from specialized services. The medical conditions are:
  - A. Terminal illness, meaning the individual has a medical prognosis that his/her life expectancy is 6 months or less if the illness runs its course;
  - B. Severe physical illnesses that result in a level of impairment so severe that the individual could not be expected to actively participate or benefit from specialized services, including, but not limited to coma, ventilator dependence, functioning at a brain stem level, chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, and congestive heart failure; and
  - C. Severe dementia (including Alzheimer's disease or a related disorder) that results in a level of impairment so severe that the individual could not be expected to actively participate or benefit from specialized services.
2. **Appropriateness of placement** is defined as the placement of an individual who has a serious mental illness or a developmental disability in a nursing facility when the following criteria are met:
  - A. The individual's total needs are such that they cannot be met in the community with supports and can be met only on an inpatient basis (i.e., a hospital, an institution for mental diseases (IMD), an intermediate care facility for the mentally retarded (ICF/MR), or a nursing facility); and
  - B. Among all types of inpatient placements, a nursing facility can best meet the individual's needs.
3. **Full Level II Screen.** A Full Level II Screen is a screen that completes all sections of the State-developed or State-approved Level II Screen form, identifies the client's strengths and needs, provides treatment recommendations, and indicates the determination of the client's need for nursing facility placement and the client's need for specialized services.
4. **Mental retardation:** A person is considered to have mental retardation if he/she has a level of retardation described in the American Association on Mental Retardation's Manual on Classification in Mental Retardation (1983) or if he/she has a related condition defined in 42 CFR 435.1009:

"Persons with related conditions" means individuals who have a severe, chronic disability that meets all of the following conditions:

  - (a) It is attributable to--
    - (1) Cerebral palsy or epilepsy; or
    - (2) Any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons.
  - (b) It is manifested before the person reaches age 22.
  - (c) It is likely to continue indefinitely.
  - (d) It results in substantial functional limitations in three or more of the following areas of major life activity:

- (1) Self-care.
  - (2) Understanding and use of language.
  - (3) Learning.
  - (4) Mobility.
  - (5) Self-direction.
  - (6) Capacity for independent living.
5. **Partial Level II Screen.** A Partial Level II Screen is a screen that was not completed because it was determined/decided/concluded that the person does not have a serious mental illness or a developmental disability. This determination/decision/conclusion may be made as soon as there is sufficient reliable data to warrant the determination.
6. **Qualified mental health professional (QMHP):** A QMHP is a person who has one year of professional experience working with persons who have a serious mental illness and is one of the following:
  - A. A psychologist licensed under ch. 455, Stats.;
  - B. A physician;
  - C. A registered nurse;
  - D. A human services professional who has a Master's degree in a human services field other than a field under a. - c., above, such as social work, rehabilitation counseling, occupational therapy, or psychology; OR
  - E. A human services professional who has a Bachelor's degree in a human services field other than a field under a. - c., above, such as social work, rehabilitation counseling, occupational therapy, or psychology, and has at least three years of professional experience working with persons with a serious mental illness.
7. **Qualified mental retardation professional (QMRP):** A QMRP is a person who meets the requirements of ' 483.430(a)(1) and (2) of the ICF/MR regulations----has specialized training in mental retardation or at least one year of experience working directly with persons with mental retardation or other developmental disabilities and is one of the following:
  - A. A doctor of medicine or osteopathy;
  - B. A registered nurse;
  - C. An individual who holds at least a bachelor's degree in occupational therapy, physical therapy, psychology, social work, speech pathology/therapy, recreation, dietetics/nutritional science, or a human services field (including, but not limited to, sociology, special education, and rehabilitation psychology).
8. **Serious Mental Illness:** A person is considered to have a serious mental illness if he/she:
  - A. Has a major mental disorder meeting the diagnostic requirements in the Diagnostic and Statistical Manual, 3rd Edition - Revised (DSM III-R) of schizophrenia; mood, paranoid, panic or other severe anxiety disorder; somataform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability. Dementia, as described in DSM III-R, is not considered a major mental disorder, even though it is a mental disorder that leads to a chronic disability; AND
  - B. Has been limited continuously or intermittently during the past 3 to 6 months in at least one of the following areas of major life activity:
    - 1) Interpersonal functioning, including but not limited to: social isolation, altercations with others, difficulty interacting appropriately and communicating effectively with others;
    - 2) Concentration, persistence, and pace resulting in problems, such as, difficulty completing common tasks found in a workplace, school, or home setting, difficulty in completing tasks on time, or frequent errors; and
    - 3) Adaptation to change; AND

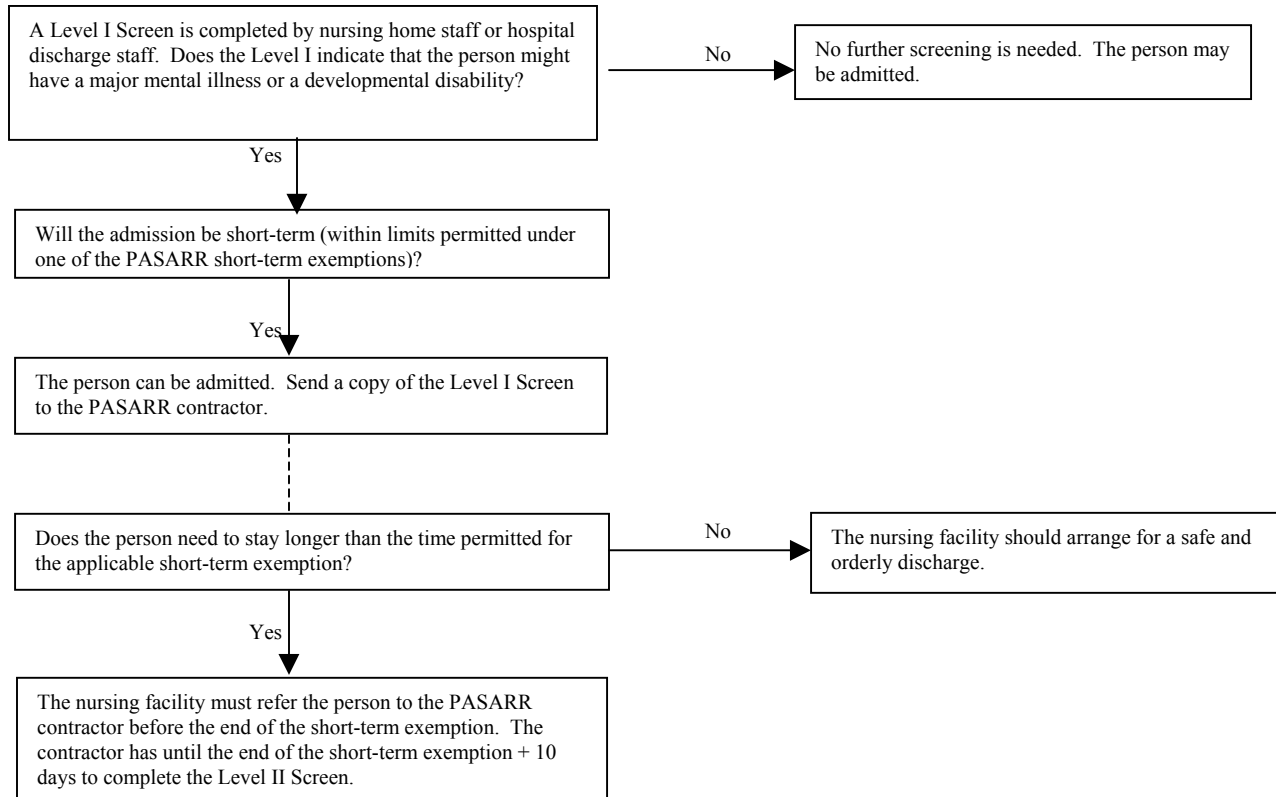
- C. Has needed as a result of the mental disorder either psychiatric treatment that is more intensive than outpatient care (e.g., partial or inpatient hospitalization) at least two times during the past two years, supportive services to maintain functioning in the community or in a residential treatment facility, OR intervention by housing or law enforcement officials.
9. **Specialized services for persons with a developmental disability:** This term means services that meet the requirements of 42 CFR 483.440(a)(1) & (2), the definition of active treatment in the federal regulations for Intermediate Care Facilities for the Mentally Retarded (ICFs/MR):
- (1) Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart [ed. note: the subpart includes the entirety of the ICF/MR regulations], that is directed toward--
    - (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and
    - (ii) The prevention or deceleration of regression or loss of current optimal functional status.
  - (2) Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program.
10. **Specialized services for persons with serious mental illness:** This term means the services specified by the State which results in the continuous and assertive implementation of an individual plan of care that--
- A. Is developed and supervised by an interdisciplinary team, which includes a physician, qualified mental health professionals and, as appropriate, other professionals;
  - B. Prescribes specific therapies and activities for the treatment of persons experiencing severe and persistent symptoms of a serious mental illness, which necessitates supervision by trained mental health personnel; and
  - C. Is directed toward diagnosing and reducing the resident's psychiatric/behavioral symptoms that necessitated institutionalization, improving his or her level of independent functioning, and achieving a functional level that permits reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time.
11. **Specialized psychiatric rehabilitation services (SPRS):** This term means the services determined by the comprehensive assessment and the (SPRS) care plan necessary to prevent avoidable physical and mental deterioration and to assist clients in obtaining or maintaining their highest practicable level of functional and psycho-social well being. SPRS shall include:
- A. The client's regular participation, in accordance with their SPRS care plan, in professionally developed and supervised activities, experiences and therapies; and
  - B. Activities, experiences and therapies that reduce the resident's psychiatric and behavioral symptoms, improve the level of independent functioning, and achieve a functional level that permits reduction in the need for intensive mental health services.



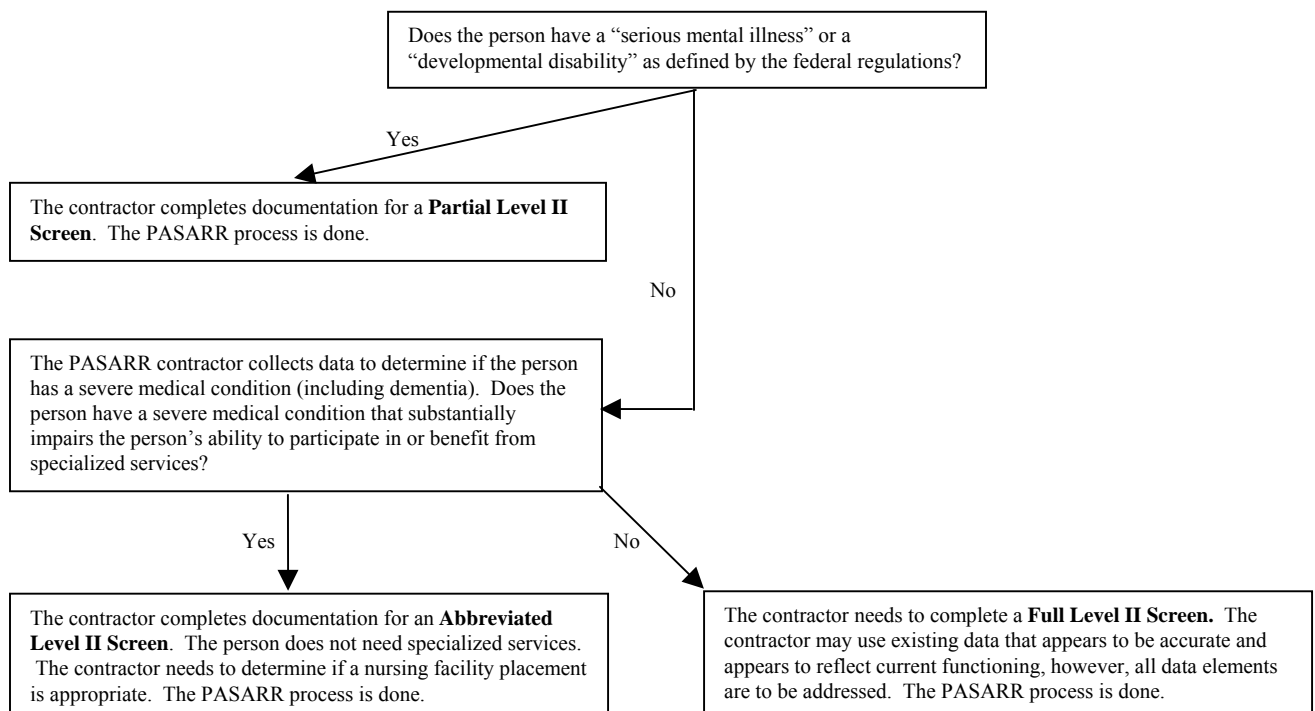
**Appendix B**  
**PASARR DECISION TREE**

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**LEVEL I PROCESS**



**LEVEL II PROCESS**



# Appendix C

## PASARR Level II Screens Completed in CY 2004 by County

COUNTY	DD FULL	DD ABB	DD PAR	DD TOTAL	MI FULL	MI ABB	MI PAR	MI TOTAL	ALL CLIENTS
Adams	1		1	2	1	10	2	13	15
Ashland	1			1	4	36	2	42	43
Barron		2	1	3	7	40	11	58	61
Bayfield	2		1	3	1	9	2	12	15
Brown	5	4	6	15	29	247	35	311	326
Buffalo	1			1	3	13		16	17
Burnett					4	8	2	14	14
Calumet					1	20	1	22	22
Chippewa	1	3		4	11	41	7	59	63
Clark			1	1	6	15	1	22	23
Columbia		4	2	6	5	59	7	71	77
Crawford		2		2	3	29	3	35	37
Dane	9	9	7	25	61	362	41	464	489
Dodge		2	2	4	7	115	11	133	137
Door	2			2	1	12	5	18	20
Douglas	1	1		2	5	40	10	55	57
Dunn			1	1	1	26	4	31	32
Eau Claire	4		1	5	7	66	11	84	89
Florence						30	3	33	33
Fond du Lac	3	1	4	8	15	110	12	137	145
Forest					2	6		8	8
Grant		3	1	4	5	46	6	57	61
Green			2	2	7	35	6	48	50
Green Lake					1	40	3	44	44
Iowa			1	1	1	9	3	13	14
Iron		3		3	1	5	2	8	11
Jackson	1			1	3	38	2	43	44
Jefferson	5	5	3	13	11	47	11	69	82
Juneau		2		2	6	24	2	32	34
Kenosha	6	3		9	18	108	11	137	146
Kewaunee		1	2	3	4	24	3	31	34
La Crosse	2	7	5	14	43	54	29	126	140
Lafayette					2	15	2	19	19
Langlade			1	1	2	3	4	9	10
Lincoln	3	1		4	4	26	7	37	41
Manitowoc	2		4	6	14	111	11	136	142
Marathon	4	6	3	13	14	155	18	187	200

COUNTY	DD FULL	DD ABB	DD PAR	DD TOTAL	MI FULL	MI ABB	MI PAR	MI TOTAL	ALL CLIENTS
Marinette		2	2	4	1	70	6	77	81
Marquette			1	1	1	27	5	33	34
Menominee						3		3	3
Milwaukee	34	31	20	85	288	755	79	1122	1207
Monroe	1	1	1	3	8	71	9	88	91
Oconto	2		1	3	1	17	6	24	27
Oneida	2	1		3	1	53	9	63	66
Outagamie	5	3	3	11	12	96	5	113	124
Ozaukee		1	1	2	4	51	3	58	60
Pepin	1			1	1	16	4	21	22
Pierce			1	1	1	18	6	25	26
Polk	1	1	1	3	5	15	4	24	27
Portage		1	1	2	6	15	2	23	25
Price					4	10	1	15	15
Racine	8	6	4	18	16	175	24	215	233
Richland					1	9	2	12	12
Rock	4	4	2	10	19	124	17	160	170
Rusk					3	20	2	25	25
Sauk		3	1	4	7	73	6	86	90
Sawyer					2	3	1	6	6
Shawano	1			1	5	21	6	32	33
Sheboygan	3	3		6	48	89	20	157	163
St. Croix		1		1	1	3	2	6	7
Taylor						31	2	33	33
Trempealeau		1	2	3	5	26	6	37	40
Vernon	3	4	1	8	4	16	3	23	31
Vilas					1	10	1	12	12
Walworth	3	1	3	7	15	57	10	82	89
Washburn	1	1		2	2	19	3	24	26
Washington	2	6		8	8	132	8	148	156
Waukesha	2	1	1	4	37	284	21	342	346
Waupaca		1	1	2	6	31	4	41	43
Waushara					3	15	1	19	19
Winnebago	4	5	4	13	18	118	17	153	166
Wood	2	3	5	10	12	75	11	98	108
MICHIGAN	3			3	4	9	4	17	20
TOTAL	135	140	105	380	860	4591	600	6051	6431

<b>Appendix D</b> <b>TIME ESTIMATES* FOR COMPLETION OF A FULL</b> <b>AND AN ABBREVIATED LEVEL II SCREEN</b>		
	AMOUNT OF TIME	
	MI SCREEN	DD SCREEN
1. Receive request for Level II Screen; set up appointment(s) for screening with hospital or nursing home.	.25 - .50 hrs	.25 - .50 hrs
2. Travel time to the hospital, nursing home, or person's home.	VARIABLE	VARIABLE
3. Level II Screening process for persons with a serious mental illness: a) Medical history and physical exam; b) Drug history and assessment; c) Psychosocial evaluation; d) Functional Assessment; e) Psychiatric treatment history and evaluation; f) Discussion with the person's legal representative and family; and g) Evaluation report and summary.	0 - 1.5 hrs 0 - 1.0 hrs .50 - 2.0 hrs .25 - 1.0 hrs .25 - 1.0 hrs 0 - .5 hrs .25 - 1.0 hrs	
4. Level II Screening process for persons with a developmental disability: a) Medical history and physical exam; b) Psychological exam and social history, if necessary; c) Functional status evaluation; d) Discussion with the person's legal representative and family; and e) Evaluation report and summary.		0 - 1.5 hrs 0 - 4.0 hrs .5 - 2.0 hrs 0 - .5 hrs .25 - 1.0 hrs
5. Dictate and type/write-up screen	.5 - 1.0 hrs	.5 - 1.0 hrs
6. Review screen and make determination of the person's need for specialized services and the determination of the person's need for placement in a nursing facility. Complete the Facesheet.	.25 - .5 hrs	.25 - .5 hrs
7. Clerical responsibilities: a) Photocopy the Level II Screen and the notification letter; b) Mail the screens and letters to the appropriate parties; and c) File a copy of the screen and the letter.	.25 - .5 hrs	.25 - .5 hrs
8. Discuss with the resident/legal representative to explain the evaluation summary and the determinations.	0 - 1.0 hrs	0 - 1.0 hrs
<b>TOTAL ESTIMATED TIME FOR A FULL SCREEN</b>	<b>2.5 - 11.5+ hrs</b>	<b>2.0 - 12.5+ hrs.</b>
<b>TOTAL ESTIMATED TIME FOR AN ABBREVIATED SCREEN (Steps 2 - 5 would not be necessary)</b>	<b>1.0 - 3.25+ hrs</b>	<b>1.0 - 3.25+ hrs</b>

\* Note: These time estimates are appropriate for the majority of the screens. Additional time for assessment will be required for screens for persons who present additional needs, for example, if a neurological exam is needed.

Wisconsin Department of Health and Family Services  
Division of Disability and Elder Services  
1 West Wilson Street  
P.O. Box 7851  
Madison, Wisconsin 53707-7851

FOR DDES USE ONLY  
Log No.  
Date Rec'd

Appendix E

LETTER OF INTENT  
TO APPLY FOR  
PREADMISSION SCREEN AND RESIDENT REVIEW TEAM BID

Name of Applicant:

Address:

Contact Person:

Telephone: (     )     -

Any entity that does not have a direct or indirect affiliation with a nursing facility may submit a bid. Nursing facilities, owners of nursing facilities (in part or in whole), employees of a nursing facility serving in an administrative capacity, and county departments of Disability and Elder Services, under s. 51.42, Stats., and county departments of human services, under s. 46.23, Stats., may not participate in any PASARR evaluations or determinations.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

Return this Letter of Intent to Dan Zimmerman, Division of Disability and Elder Services, P.O. Box 7851, 1 West Wilson Street, Room 455, Madison, WI 53707 by 4:00 p.m. on April 18, 2005.

Appendix F  
PASARR Specification Compliance Sheet

Bidder/Organization Name: \_\_\_\_\_

Were all the required questions/items in the form below answered “yes”? ☐ Yes ☐ No

**If the answer is “no” to any question #1 - 4, then do not complete the rest of this form. If the answer is “yes” to all four questions, then continue.**

1. Was the Transmittal Letter signed by an individual authorized to legally bind the bidder?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine
--	---

2. Was the Cost Bid signed by an individual authorized to legally bind the bidder?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine
--	---

3. Was the Cost Bid completed using the instructions described for each section and the required forms contained in Appendix H? These forms provide the means by which a bidder must supply all costs. These forms may be supplemented with additional information, but all costs must be transferred to the forms.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine
---	---

4. Is the average price per screen \$219 or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine
---	---

**Continue to complete this form irrespective of the answer to questions #5 & 6.**

5. Does the Transmittal Letter identify all material and enclosures being submitted in response to the RFB and include the following sections, separated by tabs, in the order listed: Transmittal Letter; Table of Contents; Executive Summary; Project Organization and Staffing; and Bidder Understanding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine
---	---

6. Does the Executive Summary section condense and highlight the contents of the Technical Bid in such a way as to provide the State with a broad understanding of the entire bid?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine
--	---

**The following questions #7 & 8a - 8h contain technical information that must be provided, but do not effect the actual results of the bid. If the answer is “no” to any of these questions, then contact the bidder and tell the bidder that they have forty-eight (48) hours to correct the omission(s). Continue to complete the form. Note what is missing on this form and the date and time the bidder was notified. If the bidder subsequently delivers the required information, then note the date and time of receipt of the information on this form.**

7. Is the Cost Bid arithmetically accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine
---	---

Appendix F  
PASARR Specification Compliance Sheet

8. Does the Transmittal Letter include the following statements that:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine
a) The bidder is the prime contractor;	a) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
b) The bidder assumes sole responsibility for all of the contractor responsibilities and work indicated in the RFB;	b) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
c) No attempt has been made or will be made by the bidder to induce any other person or firm to submit or not submit a bid;	c) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
d) The bidder does not discriminate in employment practices with regard to race, color, ancestry, physical condition, creed, religion, age, sex, marital status, disability, arrest record or conviction, sexual orientation, national origin, or handicap;	d) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
e) The Technical Bid and the Cost Bid are valid for the duration of the contract;	e) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
f) The person signing this bid is authorized to make decisions on behalf of the bidder's organization as to the prices quoted and that the person has not participated, and will not participate, in any action contrary to the above statements;	f) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
g) The bidder agrees to abide by the provisions of Section V, Special Terms and Conditions.	g) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>If the answer is "no" to any question #9 – 26, then do not complete the rest of this form.</b>	
9. Has the bidder/organization provided detailed resumes and photocopies of educational degree, certification, and licensure for all key personnel, as applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine
a) For bids to perform the Level II process for persons with a serious mental illness, the following positions, or their equivalents in the bidder's proposed organization are considered Key Personnel: a QMHP who has a Master's degree in a human services field and a Board certified psychiatrist, a physician who has satisfactorily completed the Board's specialized training requirements in psychiatry, or a physician who is participating in a psychiatric residency program and whose work is reviewed and countersigned by a Board certified psychiatrist.	a) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
b) For bids to perform the Level II process for persons with a developmental disability, the following positions, or their equivalents in the bidder's proposed organization are considered Key Personnel: a Qualified Mental Retardation Professional (QMRP).	b) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Appendix F  
PASARR Specification Compliance Sheet

<p>10. Does the bidder employ, have under contract, or have other evidence of access to all the following professionals?</p> <p>a) Licensed physician, licensed physician assistant or licensed nurse practitioner (to perform a history and physical if necessary as required by the federal PASARR regulations);</p> <p>b) Licensed psychologist (to perform a psychometric evaluation if necessary); and</p> <p>c) Sign language and foreign language interpreter if the person receiving the PASARR Level II screen uses sign language or a foreign language as his/her primary communication.</p>	<p><b>Check “yes” only if all items a - c are checked “yes”</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown or not applicable</p> <p>a) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>b) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>c) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>11. Are there any professions for which the bidder/organization only has one person under contract?</p> <p>If the answer is “yes,” then go to question #13. If the answer is “no,” then go to question #12.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine</p>
<p>12. Has the bidder presented a contract or agreement with another person meeting at least the minimum qualifications of the same profession who agrees to provide services during the employee’s/consultant’s absence?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine</p>
<p>13. Does the Executive Summary include a summary of the proposed approach, the staffing structure and task schedule, staff organization structure and the qualifications of key personnel?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine</p>
<p>14. Does the bidder identify their staffing plans for performing PASARR evaluations and determinations (who will do what piece and when)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine</p>
<p>15. Has the bidder provided in detail, the basis used for their calculation of the number (full-time equivalents, FTEs) of key personnel needed?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine</p>
<p>16. Are the numbers of key personnel sufficient to complete the expected number of screens and other functions related to the PASARR process?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine</p>
<p>17. Has the bidder described their plans for ensuring timely evaluations for both current and prospective nursing home residents?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine</p>
<p>18. Did the bidder/organization submit a completed Evaluation Summary and Notice of Appeal Rights for John Doe?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine</p>
<p>19. Did the bidder/organization make the correct determinations for John Doe?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine</p>
<p>20. Does the bidder/organization’s Evaluation Summary and Notice and Appeal Rights for John Doe provide a rationale that is understandably written?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine</p>
<p>21. Does the rationale in the bidder/organization’s Evaluation Summary and Notice and Appeal Rights for John Doe support the determinations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine</p>

Appendix F  
PASARR Specification Compliance Sheet

22. Did the bidder/organization submit a completed Evaluation Summary and Notice of Appeal Rights for Jane Doe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine
23. Did the bidder/organization make the correct determinations for Jane Doe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine
24. Does the bidder/organization's Evaluation Summary and Notice and Appeal Rights for John Doe provide a rationale that is understandably written?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine
25. Does the rationale in the bidder/organization's Evaluation Summary and Notice and Appeal Rights for Jane Doe support the determinations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine
26. Is the Cost Bid reasonable? Does the Cost Bid provide sufficient revenue to meet the technical requirements and other business requirements (e.g., rent) of this RFB?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/cannot determine
<p><b>TIE BREAKER—TO BE USED IN THE EVENT THAT TWO OR MORE BIDDERS MEET THE TECHNICAL REQUIREMENTS AND QUOTED THE SAME AVERAGE PRICE PER SCREEN.</b></p> <p>The tie breaker is to be used in the event that two or more bidders meet the technical requirements and quote the same average price per screen. The bidder who employs or has access to the largest number of experienced key personnel will be awarded the bid as determined by the total for all key personnel of the amount of time each key personnel is expected to work (FTE position) times the number of years of experience the person has completed PASARR Level II screens using Wisconsin's PASARR policies and procedures since 1994, as documented in their resume.</p>	Number from the bottom of Appendix G

Reviewed by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



Appendix G  
PASARR EVALUATION PROGRAMS  
Project Organization and Staffing - Key Personnel

Name Col 1	Educational Degree(s) Col 2	License/Certification, if any, & date of expiration Col 3	PASARR Responsibilities Col 4	Approximate % of FTE expected to work Col 5	# of Years of Experience with Population Col 6	# of Years of Experience with WI PASARR Col 7	Office Use Col 8
Example: Sigmund Freud	M.D.	Board Certified Psychiatrist, exp. 1939	Quality assurance monitoring and perform evaluations, as time permits.	10%		39	

If needed, additional names and accompanying information may be placed on a photocopy of this page.

## Appendix H

### COST BID PASARR EVALUATION PROGRAMS

**Directions:** All cost estimates should be based on one year of operation of a screening program.

	Annualized Cost
1. Administrative Salary(ies)	
2. Professional Staff Salaries	
3. Clerical Support Salaries	
4. Supplies/Services	
a) Travel	
b) Office Supplies	
c) Photocopying	
d) Other Supplies/Services	
<b>4. Subtotal for Supplies/Services</b>	
5. Fixed Equipment (note in budget narrative whether purchase or rent)	
6. Office Space Costs	
7. Audit, legal, surety bond costs	
8. Other Costs	
9. Total of Net Allowable Costs	
10. Allowed Profit (7.5% of Net Allowable Costs + 15% of Net Equity Income, not to exceed 10% of Net Allowable Costs) or Allowed Reserves (5% of Net Allowable Costs), as applicable	
11. TOTAL of Net Allowable Costs + Allowed Profit	
12. Estimated Number of Screens (based on Appendix C - # of screens performed in CY 2004)	6,431
13. BID AMOUNT FOR AVERAGE PRICE PER SCREEN (line 11 divided by line 12)	

**Note: the average price per screen must be at or below \$219. Bids that exceed \$219 will not be accepted. The bidder agrees that the average price per screen quoted in the Cost Bid will be binding during the duration of the contract, subject to renegotiation as permitted in the contract. Bidders must understand that the Cost Bids and any contract that is entered into based on the Cost Bid is subject to the Department's Allowable Cost Policy Manual. The Department will recoup funds paid to a contractor that are in excess of the allowable cost of the services provided.**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## DESIGNATION OF CONFIDENTIAL AND PROPRIETARY INFORMATION

The attached material submitted in response to Bid/Proposal # \_\_\_\_\_ includes proprietary and confidential information which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats., or is otherwise material that can be kept confidential under the Wisconsin Open Records Law. As such, we ask that certain pages, as indicated below, of this bid/proposal response be treated as confidential material and not be released without our written approval.

**Prices always become public information when bids/proposals are opened, and therefore cannot be kept confidential.**

Other information cannot be kept confidential unless it is a trade secret. Trade secret is defined in s. 134.90(1)(c), Wis. Stats. as follows: "Trade secret" means information, including a formula, pattern, compilation, program, device, method, technique or process to which all of the following apply:

1. The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.
2. The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

We request that the following pages not be released

Section	Page #	Topic

IN THE EVENT THE DESIGNATION OF CONFIDENTIALITY OF THIS INFORMATION IS CHALLENGED, THE UNDERSIGNED HEREBY AGREES TO PROVIDE LEGAL COUNSEL OR OTHER NECESSARY ASSISTANCE TO DEFEND THE DESIGNATION OF CONFIDENTIALITY AND AGREES TO HOLD THE STATE HARMLESS FOR ANY COSTS OR DAMAGES ARISING OUT OF THE STATE'S AGREEING TO WITHHOLD THE MATERIALS.

Failure to include this form in the bid/proposal response may mean that all information provided as part of the bid/proposal response will be open to examination and copying. The state considers other markings of confidential in the bid/proposal document to be insufficient. The undersigned agrees to hold the state harmless for any damages arising out of the release of any materials unless they are specifically identified above.

Company Name	_____
Authorized Representative	_____
	Signature
Authorized Representative	_____
	Type or Print
Date	_____

## STANDARD TERMS AND CONDITIONS (REQUEST FOR BIDS / PROPOSALS)

- 1.0 SPECIFICATIONS:** The specifications in this request are the minimum acceptable. When specific manufacturer and model numbers are used, they are to establish a design, type of construction, quality, functional capability and/or performance level desired. When alternates are bid/proposed, they must be identified by manufacturer, stock number, and such other information necessary to establish equivalency. The State of Wisconsin shall be the sole judge of equivalency. Bidders/proposers are cautioned to avoid bidding alternates to the specifications which may result in rejection of their bid/proposal.
- 2.0 DEVIATIONS AND EXCEPTIONS:** Deviations and exceptions from original text, terms, conditions, or specifications shall be described fully, on the bidder's/proposer's letterhead, signed, and attached to the request. In the absence of such statement, the bid/proposal shall be accepted as in strict compliance with all terms, conditions, and specifications and the bidders/proposers shall be held liable.
- 3.0 QUALITY:** Unless otherwise indicated in the request, all material shall be first quality. Items which are used, demonstrators, obsolete, seconds, or which have been discontinued are unacceptable without prior written approval by the State of Wisconsin.
- 4.0 QUANTITIES:** The quantities shown on this request are based on estimated needs. The state reserves the right to increase or decrease quantities to meet actual needs.
- 5.0 DELIVERY:** Deliveries shall be F.O.B. destination freight prepaid and included unless otherwise specified.
- 6.0 PRICING AND DISCOUNT:** The State of Wisconsin qualifies for governmental discounts and its educational institutions also qualify for educational discounts. Unit prices shall reflect these discounts.
- 6.1** Unit prices shown on the bid/proposal or contract shall be the price per unit of sale (e.g., gal., cs., doz., ea.) as stated on the request or contract. For any given item, the quantity multiplied by the unit price shall establish the extended price, the unit price shall govern in the bid/proposal evaluation and contract administration.
- 6.2** Prices established in continuing agreements and term contracts may be lowered due to general market conditions, but prices shall not be subject to increase for ninety (90) calendar days from the date of award. Any increase proposed shall be submitted to the contracting agency thirty (30) calendar days before the proposed effective date of the price increase, and shall be limited to fully documented cost increases to the contractor which are demonstrated to be industrywide. The conditions under which price increases may be granted shall be expressed in bid/proposal documents and contracts or agreements.
- 6.3** In determination of award, discounts for early payment will only be considered when all other conditions are equal and when payment terms allow at least fifteen (15) days, providing the discount terms are deemed favorable. All payment terms must allow the option of net thirty (30).
- 7.0 UNFAIR SALES ACT:** Prices quoted to the State of Wisconsin are not governed by the Unfair Sales Act.
- 8.0 ACCEPTANCE-REJECTION:** The State of Wisconsin reserves the right to accept or reject any or all bids/proposals, to waive any technicality in any bid/proposal submitted, and to accept any part of a bid/proposal as deemed to be in the best interests of the State of Wisconsin.
- Bids/proposals MUST be date and time stamped by the soliciting purchasing office on or before the date and time that the bid/proposal is due. Bids/proposals date and time stamped in another office will be rejected. Receipt of a bid/proposal by the mail system does not constitute receipt of a bid/proposal by the purchasing office.
- 9.0 METHOD OF AWARD:** Award shall be made to the lowest responsible, responsive bidder unless otherwise specified.
- 10.0 ORDERING:** Purchase orders or releases via purchasing cards shall be placed directly to the contractor by an authorized agency. No other purchase orders are authorized.
- 11.0 PAYMENT TERMS AND INVOICING:** The State of Wisconsin normally will pay properly submitted vendor invoices within thirty (30) days of receipt providing goods and/or services have been delivered, installed (if required), and accepted as specified.
- Invoices presented for payment must be submitted in accordance with instructions contained on the purchase order including reference to purchase order number and submittal to the correct address for processing.
- A good faith dispute creates an exception to prompt payment.
- 12.0 TAXES:** The State of Wisconsin and its agencies are exempt from payment of all federal tax and Wisconsin state and local taxes on its purchases except Wisconsin excise taxes as described below.
- The State of Wisconsin, including all its agencies, is required to pay the Wisconsin excise or occupation tax on its purchase of beer, liquor, wine, cigarettes, tobacco products, motor vehicle fuel and general aviation fuel. However, it is exempt from payment of Wisconsin sales or use tax on its purchases. The State of Wisconsin may be subject to other states' taxes on its purchases in that state depending on the laws of that state. Contractors performing construction activities are required to pay state use tax on the cost of materials.
- 13.0 GUARANTEED DELIVERY:** Failure of the contractor to adhere to delivery schedules as specified or to promptly replace rejected materials shall render the contractor liable for all costs in excess of the contract price when alternate procurement is necessary. Excess costs shall include the administrative costs.

- 14.0 ENTIRE AGREEMENT:** These Standard Terms and Conditions shall apply to any contract or order awarded as a result of this request except where special requirements are stated elsewhere in the request; in such cases, the special requirements shall apply. Further, the written contract and/or order with referenced parts and attachments shall constitute the entire agreement and no other terms and conditions in any document, acceptance, or acknowledgment shall be effective or binding unless expressly agreed to in writing by the contracting authority.
- 15.0 APPLICABLE LAW AND COMPLIANCE:** This contract shall be governed under the laws of the State of Wisconsin. The contractor shall at all times comply with and observe all federal and state laws, local laws, ordinances, and regulations which are in effect during the period of this contract and which in any manner affect the work or its conduct. The State of Wisconsin reserves the right to cancel this contract if the contractor fails to follow the requirements of s. 77.66, Wis. Stats., and related statutes regarding certification for collection of sales and use tax. The State of Wisconsin also reserves the right to cancel this contract with any federally debarred contractor or a contractor that is presently identified on the list of parties excluded from federal procurement and non-procurement contracts..
- 16.0 ANTITRUST ASSIGNMENT:** The contractor and the State of Wisconsin recognize that in actual economic practice, overcharges resulting from antitrust violations are in fact usually borne by the State of Wisconsin (purchaser). Therefore, the contractor hereby assigns to the State of Wisconsin any and all claims for such overcharges as to goods, materials or services purchased in connection with this contract.
- 17.0 ASSIGNMENT:** No right or duty in whole or in part of the contractor under this contract may be assigned or delegated without the prior written consent of the State of Wisconsin.
- 18.0 WORK CENTER CRITERIA:** A work center must be certified under s. 16.752, Wis. Stats., and must ensure that when engaged in the production of materials, supplies or equipment or the performance of contractual services, not less than seventy-five percent (75%) of the total hours of direct labor are performed by severely handicapped individuals.
- 19.0 NONDISCRIMINATION / AFFIRMATIVE ACTION:** In connection with the performance of work under this contract, the contractor agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in s. 51.01(5), Wis. Stats., sexual orientation as defined in s. 111.32(13m), Wis. Stats., or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Except with respect to sexual orientation, the contractor further agrees to take affirmative action to ensure equal employment opportunities.
- 19.1** Contracts estimated to be over twenty-five thousand dollars (\$25,000) require the submission of a written affirmative action plan by the contractor. An exemption occurs from this requirement if the contractor has a workforce of less than twenty-five (25) employees. Within fifteen (15) working days after the contract is awarded, the contractor must submit the plan to the contracting state agency for approval. Instructions on preparing the plan and technical assistance regarding this clause are available from the contracting state agency.
- 19.2** The contractor agrees to post in conspicuous places, available for employees and applicants for employment, a notice to be provided by the contracting state agency that sets forth the provisions of the State of Wisconsin's nondiscrimination law.
- 19.3** Failure to comply with the conditions of this clause may result in the contractor's becoming declared an "ineligible" contractor, termination of the contract, or withholding of payment.
- 20.0 PATENT INFRINGEMENT:** The contractor selling to the State of Wisconsin the articles described herein guarantees the articles were manufactured or produced in accordance with applicable federal labor laws. Further, that the sale or use of the articles described herein will not infringe any United States patent. The contractor covenants that it will at its own expense defend every suit which shall be brought against the State of Wisconsin (provided that such contractor is promptly notified of such suit, and all papers therein are delivered to it) for any alleged infringement of any patent by reason of the sale or use of such articles, and agrees that it will pay all costs, damages, and profits recoverable in any such suit.
- 21.0 SAFETY REQUIREMENTS:** All materials, equipment, and supplies provided to the State of Wisconsin must comply fully with all safety requirements as set forth by the Wisconsin Administrative Code and all applicable OSHA Standards.
- 22.0 WARRANTY:** Unless otherwise specifically stated by the bidder/proposer, equipment purchased as a result of this request shall be warranted against defects by the bidder/proposer for one (1) year from date of receipt. The equipment manufacturer's standard warranty shall apply as a minimum and must be honored by the contractor.
- 23.0 INSURANCE RESPONSIBILITY:** The contractor performing services for the State of Wisconsin shall:
- 23.1** Maintain worker's compensation insurance as required by Wisconsin Statutes, for all employees engaged in the work.
- 23.2** Maintain commercial liability, bodily injury and property damage insurance against any claim(s) which might occur in carrying out this agreement/contract. Minimum coverage shall be one million dollars (\$1,000,000) liability for bodily injury and property damage including products liability and completed operations. Provide motor vehicle insurance for all owned, non-owned and hired vehicles that are used

in carrying out this contract. Minimum coverage shall be one million dollars (\$1,000,000) per occurrence combined single limit for automobile liability and property damage.

- 23.3** The state reserves the right to require higher or lower limits where warranted.
- 24.0 CANCELLATION:** The State of Wisconsin reserves the right to cancel any contract in whole or in part without penalty due to nonappropriation of funds or for failure of the contractor to comply with terms, conditions, and specifications of this contract.
- 25.0 VENDOR TAX DELINQUENCY:** Vendors who have a delinquent Wisconsin tax liability may have their payments offset by the State of Wisconsin.
- 26.0 PUBLIC RECORDS ACCESS:** It is the intention of the state to maintain an open and public process in the solicitation, submission, review, and approval of procurement activities.
- Bid/proposal openings are public unless otherwise specified. Records may not be available for public inspection prior to issuance of the notice of intent to award or the award of the contract.
- 27.0 PROPRIETARY INFORMATION:** Any restrictions on the use of data contained within a request, must be clearly stated in the bid/proposal itself. Proprietary information submitted in response to a request will be handled in accordance with applicable State of Wisconsin procurement regulations and the Wisconsin public records law. Proprietary restrictions normally are not accepted. However, when accepted, it is the vendor's responsibility to defend the determination in the event of an appeal or litigation.
- 27.1** Data contained in a bid/proposal, all documentation provided therein, and innovations developed as a result of the contracted commodities or services cannot be copyrighted or patented. All data, documentation, and innovations become the property of the State of Wisconsin.
- 27.2** Any material submitted by the vendor in response to this request that the vendor considers confidential and proprietary information and which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats., or material which can be kept confidential under the Wisconsin public records law, must be identified on a Designation of Confidential and Proprietary Information form (DOA-3027). Bidders/proposers may request the form if it is not part of the Request for Bid/Request for Proposal package. Bid/proposal prices cannot be held confidential.
- 28.0 DISCLOSURE:** If a state public official (s. 19.42, Wis. Stats.), a member of a state public official's immediate family, or any organization in which a state public official or a member of the official's immediate family owns or controls a ten percent (10%) interest, is a party to this agreement, and if this agreement involves payment of more than three thousand dollars (\$3,000) within a twelve (12) month period, this contract is voidable by the state unless appropriate disclosure is made according to s. 19.45(6), Wis. Stats., before signing the contract. Disclosure must be made to the State of Wisconsin Ethics Board, 44 East Mifflin Street, Suite 601, Madison, Wisconsin 53703 (Telephone 608-266-8123).

State classified and former employees and certain University of Wisconsin faculty/staff are subject to separate disclosure requirements, s. 16.417, Wis. Stats.

- 29.0 RECYCLED MATERIALS:** The State of Wisconsin is required to purchase products incorporating recycled materials whenever technically and economically feasible. Bidders are encouraged to bid products with recycled content which meet specifications.
- 30.0 MATERIAL SAFETY DATA SHEET:** If any item(s) on an order(s) resulting from this award(s) is a hazardous chemical, as defined under 29CFR 1910.1200, provide one (1) copy of a Material Safety Data Sheet for each item with the shipped container(s) and one (1) copy with the invoice(s).
- 31.0 PROMOTIONAL ADVERTISING / NEWS RELEASES:** Reference to or use of the State of Wisconsin, any of its departments, agencies or other subunits, or any state official or employee for commercial promotion is prohibited. News releases pertaining to this procurement shall not be made without prior approval of the State of Wisconsin. Release of broadcast e-mails pertaining to this procurement shall not be made without prior written authorization of the contracting agency.
- 32.0 HOLD HARMLESS:** The contractor will indemnify and save harmless the State of Wisconsin and all of its officers, agents and employees from all suits, actions, or claims of any character brought for or on account of any injuries or damages received by any persons or property resulting from the operations of the contractor, or of any of its contractors, in prosecuting work under this agreement.
- 33.0 FOREIGN CORPORATION:** A foreign corporation (any corporation other than a Wisconsin corporation) which becomes a party to this Agreement is required to conform to all the requirements of Chapter 180, Wis. Stats., relating to a foreign corporation and must possess a certificate of authority from the Wisconsin Department of Financial Institutions, unless the corporation is transacting business in interstate commerce or is otherwise exempt from the requirement of obtaining a certificate of authority. Any foreign corporation which desires to apply for a certificate of authority should contact the Department of Financial Institutions, Division of Corporation, P. O. Box 7846, Madison, WI 53707-7846; telephone (608) 261-7577.
- 34.0 WORK CENTER PROGRAM:** The successful bidder/proposer shall agree to implement processes that allow the State agencies, including the University of Wisconsin System, to satisfy the State's obligation to purchase goods and services produced by work centers certified under the State Use Law, s.16.752, Wis. Stat. This shall result in requiring the successful bidder/proposer to include products provided by work centers in its catalog for State agencies and campuses or to block the sale of comparable items to State agencies and campuses.





## Supplemental Standard Terms and Conditions for Procurements for Services

- 1.0 ACCEPTANCE OF BID/PROPOSAL CONTENT:** The contents of the bid/proposal of the successful contractor will become contractual obligations if procurement action ensues.
- 2.0 CERTIFICATION OF INDEPENDENT PRICE DETERMINATION:** By signing this bid/proposal, the bidder/proposer certifies, and in the case of a joint bid/proposal, each party thereto certifies as to its own organization, that in connection with this procurement:
- 2.1** The prices in this bid/proposal have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder/proposer or with any competitor;
- 2.2** Unless otherwise required by law, the prices which have been quoted in this bid/proposal have not been knowingly disclosed by the bidder/proposer and will not knowingly be disclosed by the bidder/proposer prior to opening in the case of an advertised procurement or prior to award in the case of a negotiated procurement, directly or indirectly to any other bidder/proposer or to any competitor; and
- 2.3** No attempt has been made or will be made by the bidder/proposer to induce any other person or firm to submit or not to submit a bid/proposal for the purpose of restricting competition.
- 2.4** Each person signing this bid/proposal certifies that: He/she is the person in the bidder's/proposer's organization responsible within that organization for the decision as to the prices being offered herein and that he/she has not participated, and will not participate, in any action contrary to 2.1 through 2.3 above; (or)
- He/she is not the person in the bidder's/proposer's organization responsible within that organization for the decision as to the prices being offered herein, but that he/she has been authorized in writing to act as agent for the persons responsible for such decisions in certifying that such persons have not participated, and will not participate in any action contrary to 2.1 through 2.3 above, and as their agent does hereby so certify; and he/she has not participated, and will not participate, in any action contrary to 2.1 through 2.3 above.
- 3.0 DISCLOSURE OF INDEPENDENCE AND RELATIONSHIP:**
- 3.1** Prior to award of any contract, a potential contractor shall certify in writing to the procuring agency that no relationship exists between the potential contractor and the procuring or contracting agency that interferes with fair competition or is a conflict of interest, and no relationship exists between the contractor and another person or organization that constitutes a conflict of interest with respect to a state contract. The Department of Administration may waive this provision, in writing, if those activities of the potential contractor will not be adverse to the interests of the state.
- 3.2** Contractors shall agree as part of the contract for services that during performance of the contract, the contractor will neither provide contractual services nor enter into any agreement to provide services to a person or organization that is regulated or funded by the contracting agency or has interests that are adverse to the contracting agency. The Department of Administration may waive this provision, in writing, if those activities of the contractor will not be adverse to the interests of the state.
- 4.0 DUAL EMPLOYMENT:** Section 16.417, Wis. Stats., prohibits an individual who is a State of Wisconsin employee or who is retained as a contractor full-time by a State of Wisconsin agency from being retained as a contractor by the same or another State of Wisconsin agency where the individual receives more than \$12,000 as compensation for the individual's services during the same year. This prohibition does not apply to individuals who have full-time appointments for less than twelve (12) months during any period of time that is not included in the appointment. It does not include corporations or partnerships.
- 5.0 EMPLOYMENT:** The contractor will not engage the services of any person or persons now employed by the State of Wisconsin, including any department, commission or board thereof, to provide services relating to this agreement without the written consent of the employing agency of such person or persons and of the contracting agency.
- 6.0 CONFLICT OF INTEREST:** Private and non-profit corporations are bound by ss. 180.0831, 180.1911(1), and 181.0831 Wis. Stats., regarding conflicts of interests by directors in the conduct of state contracts.
- 7.0 RECORDKEEPING AND RECORD RETENTION:** The contractor shall establish and maintain adequate records of all expenditures incurred under the contract. All records must be kept in accordance with generally accepted accounting procedures. All procedures must be in accordance with federal, state and local ordinances.
- The contracting agency shall have the right to audit, review, examine, copy, and transcribe any pertinent records or documents relating to any contract resulting from this bid/proposal held by the contractor. The contractor will retain all documents applicable to the contract for a period of not less than three (3) years after final payment is made.
- 8.0 INDEPENDENT CAPACITY OF CONTRACTOR:** The parties hereto agree that the contractor, its officers, agents, and employees, in the performance of this agreement shall act in the capacity of an independent contractor and not as an officer, employee, or agent of the state. The contractor agrees to take such steps as may be necessary to ensure that each subcontractor of the contractor will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of the state.



## Appendix L

DEPARTMENT OF HEALTH AND FAMILY SERVICES  
Division of Disability and Elder Services  
DDE-2191 (Rev. 09/2004)

STATE OF WISCONSIN  
Bureau of Quality Assurance

### PREADMISSION SCREEN AND RESIDENT REVIEW (PASARR) LEVEL I SCREEN

This form is required under sections 42 USC 1936r(b)(3)(F) and 1396r(e)(7). Note: These sections also are referred to as 1919(b)(3)(F) and 1919(e)(7) of the Social Security Act.

NOTE: Under these sections, nursing facilities **MUST NOT** admit any new resident who is suspected of having a serious mental illness or a developmental disability unless the State mental health authority / State developmental disability authority or designee has evaluated the person and determined if the person needs nursing facility placement and if the person needs specialized services, except as provided in Section B of this form. If a nursing facility admits a resident without completion of the appropriate screen(s), then the facility is in violation of the statutory requirement, which may result in initiation of termination action against the facility.

If a Level II Screen is required, then information on this (Level I) form is matched with information from the person's Level II Screen to ensure that the facility, the Department's designee and the Department have complied with all applicable federal statutes and regulations. Information on this form will be used for no other purpose.

42 CFR 483.128(a) requires that the resident or his / her legal representative receive a written notice (copy of this front page) if the resident is suspected of having a serious mental illness or a developmental disability, and therefore, will require a Level II Screen. You may tell the resident or his / her legal representative that the Level II Screen will determine if the resident does have a serious mental illness or developmental disability, as defined in the federal regulations, and if so, if the resident needs nursing facility placement and if the resident needs specialized services.

Name - Resident	Birthdate (mm/dd/yyyy)	Social Security Number
-----------------	------------------------	------------------------

Address - Resident (Street, City, State, Zip Code) For Preadmission Screens Only

Name - Nursing Facility

Address - Nursing Facility (Street, City, State, Zip Code)

Name - Guardian (if applicable) or Health Care Agent (if the Durable Power of Attorney for Health Care document has been activated)

Address - Guardian or Health Care Agent (Street, City, State, Zip Code)

Telephone Number - Guardian or Health Care Agent

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Check one of the boxes below based on the responses to the questions in Section A of this form.

- ☐ The resident is not suspected of having a serious mental illness or a developmental disability.

The resident is suspected of having (check the appropriate box below and forward a copy of this Level I Screen to the regional screening agency):

- ☐ A serious mental illness;  
☐ A developmental disability; or  
☐ Both a serious mental illness and a developmental disability.

SIGNATURE - Staff Member Completing This Screen NOTE: Sign after completing pages 1 - 4.

Title	Telephone Number
Date Screen Completed (mm/dd/yyyy)	Date Referred to Screening Agency (mm/dd/yyyy)

## Appendix L

DEPARTMENT OF HEALTH AND FAMILY SERVICES  
Division of Disability and Elder Services  
DDE-2191 (Rev. 09/2004)

STATE OF WISCONSIN  
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### INSTRUCTIONS

Federal law requires that all persons requesting admission to a nursing facility must be screened to determine the presence of a major mental illness and / or a developmental disability. 42 CFR 483.75(l)(5) requires the nursing facility to keep a copy of this form and other PASARR documents, if any, in the resident's clinical record.

Complete this form by checking the boxes in Sections A, B and C and follow the instructions at the end of each section. Be sure to sign and date the form on the bottom of the front page when you are finished.

- PREADMISSION:** All persons seeking admission to a nursing facility must receive a Level I Screen prior to admission.
- READMISSION AND INTERFACILITY TRANSFERS:** Persons who are being readmitted to the same nursing facility after a hospital stay of any length may be readmitted without completion of another Level I or Level II Screen unless the person experiences a significant change of status. Residents who are transferred from one nursing facility to another, with or without an intervening hospital stay, are not subject to a new Level I or Level II Screen. However, the transferring nursing facility is responsible for ensuring that any PASARR documents (Level I, as well as Level II Screen, if any) accompany the transferring resident.
- SIGNIFICANT CHANGE IN STATUS:** For those persons presently residing in a nursing home, this form should be filled out only if there is a change of status in Section A. Note: All documentation in a person's record should reflect current functioning and current interpretations of statutes and regulations.

### SECTION A QUESTIONS REGARDING MENTAL ILLNESS

Yes No

#### 1. Current Diagnosis

- ☐ ☐ Does the person have a major mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, revised (DSM III-R) or DSM IV? Check the "Yes" box if the person's symptoms and behaviors could support an appropriate diagnosis of a major mental illness under DSM III-R or DSM IV, even if the person has not received such a diagnosis from a physician. Check the "No" box if the person's mental illness symptoms / behaviors are directly caused by a medical condition (e.g., hypothyroidism can cause depressive symptoms; a stroke in the frontal lobe may cause decreased appetite and weight loss).

#### 2. Medications

- ☐ ☐ Within the past six months, has this person received psychotropic medication(s) to treat symptoms or behaviors of a major mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, revised (DSM III-R) or DSM IV (see the above box for clarification)? If the person received psychotropic medication(s) to treat a medical condition, symptoms or behaviors that are due to a medical condition, or otherwise do not suggest the presence of a major mental illness, then provide a progress note in the person's record identifying the medication(s) and medical reason (e.g., symptoms or behaviors) for which the medication(s) is prescribed. For example, Elavil, which is an antidepressant, may be prescribed to alleviate pain; Remeron, which is an antidepressant, may be used to increase appetite that was diminished due to a stroke. Attach a copy of the progress note to this Level I Screen.

Check all applicable boxes below and check the name of the psychotropic medications the person has received within the past six months. The below list includes the trade names of commonly used psychotropic medications and is not meant to be comprehensive. Some medications are approved for multiple purposes (e.g., Paxil may be used to treat anxiety or depression; Tegretol may be used as an anticonvulsant or a mood stabilizer).

- |  |                                    |  |                                    |                                   |                                  |
|--|------------------------------------|--|------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Antipsychotics - Typical:               | <input type="checkbox"/> Haldol    | <input type="checkbox"/> Loxitane          | <input type="checkbox"/> Mellaril  | <input type="checkbox"/> Moban    | <input type="checkbox"/> Navane  |
|  | <input type="checkbox"/> Prolixin  | <input type="checkbox"/> Seroquel          | <input type="checkbox"/> Thorazine | <input type="checkbox"/> Trilafon |                                  |
| <input type="checkbox"/> Antipsychotics - Atypical:              | <input type="checkbox"/> Clozaril  | <input type="checkbox"/> Risperdal         | <input type="checkbox"/> Zyprexa   |                                   |                                  |
| <input type="checkbox"/> Anti-anxiety (anxiolytics):             | <input type="checkbox"/> Alivan    | <input type="checkbox"/> Buspar            | <input type="checkbox"/> Valium    | <input type="checkbox"/> Xanax    |                                  |
| <input type="checkbox"/> Antidepressants:                        | <input type="checkbox"/> Celexa    | <input type="checkbox"/> Effexor           | <input type="checkbox"/> Paxil     | <input type="checkbox"/> Remeron  | <input type="checkbox"/> Serzone |
|  | <input type="checkbox"/> Trazadone | <input type="checkbox"/> Wellbutrin        | <input type="checkbox"/> Zoloft    |                                   |                                  |
| <input type="checkbox"/> Mood stabilizers:                       | <input type="checkbox"/> Depakote  | <input type="checkbox"/> Lithium Carbonate | <input type="checkbox"/> Lithobid  | <input type="checkbox"/> Tegretol |                                  |
| <input type="checkbox"/> Other - Specify medication(s) received: | _____                              |  |                                    |                                   |                                  |

## Appendix L

DEPARTMENT OF HEALTH AND FAMILY SERVICES  
Division of Disability and Elder Services  
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### SECTION A QUESTIONS REGARDING MENTAL ILLNESS (continued)

Yes No

#### 3. Symptomatology

- ☐ ☐ Has the person displayed any of the following symptoms that may suggest the presence of a major mental illness? Check the "No" box if these symptoms are directly caused by a medical or neurological condition.
- a. Suicidal statements, gestures, or acts
  - b. Hallucinations, delusions, or other psychotic symptoms
  - c. Severe and extraordinary thought or mood disorders

### QUESTIONS REGARDING DEVELOPMENTAL DISABILITIES

- ☐ ☐ 4. Is there a diagnosis or history of mental retardation?
- ☐ ☐ 5. Is there a diagnosis of cerebral palsy, epilepsy, autism, brain injury or any other condition, other than mental illness, that results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons and was manifested before the person was age 22?

NOTE: Wisconsin nursing home rules [HFS-132.51 (2) (d) 1.] require that no person who has a developmental disability may be admitted to a nursing facility unless the person requires skilled nursing facility (SNF) services.

*If you have answered "No" to all the above questions in Section A, the person does not require further PASARR evaluation. Sign this form and place in the person's chart. No further action needs to be taken. The nursing facility does not need to obtain county approval (i.e., a signed DDE-822 form) to be able to admit the person. If you have answered "Yes" to any of the questions, proceed to Section B.*

### SECTION B SHORT-TERM EXEMPTIONS

The following situations, which are all for short-term admissions, are the only exemptions from Level II Screening.

Yes No

#### 1. Hospital Discharge Exemption - 30 Day Maximum

- ☐ ☐ Is this person entering the nursing facility from a hospital for the purpose of convalescing from a medical problem for 30 days or less?

#### 2. Pending Alternate Placement - 30 Day Maximum

- ☐ ☐ Is this person entering the nursing facility for a short-term stay of 30 days or less while an appropriate placement is located? This person may be entering the nursing facility from any setting.

#### 3. Emergency Placement - 7 Day Maximum

- ☐ ☐ Is this person entering the nursing facility because it appears probable that an individual will suffer irreparable physical or medical decline, injury or death as a result of developmental disabilities, infirmities of aging, chronic mental illness or other like incapacities if not immediately placed?

#### 4. Respite Care - 7 Days Per Stay Maximum; 30 Days Per Year Maximum

- ☐ ☐ Is this person entering the nursing facility to provide a planned respite to in-home caregivers after which the person is expected to return to his / her home? Note: Medicaid payment for a nursing facility stay is not permissible for respite care, unless the person receives Medicaid Waiver funds (e.g., CIP) and the budget for the use of the waiver funds includes respite care.

### Additional Directions

*If you have answered "Yes" to any of the items in Section B, the person may enter the nursing facility with county approval, as evidenced by receipt of a signed DDE-822 form from the county, for the specified period of time without a referral for a PASARR Level II Screen. Note: For emergency placements, a signed DDE-822 form is not required prior to admission, however, a request for the DDE-822 should be made on the first business day following admission.*

*If, during the short-term stay, it is established that the person will be staying for a longer period of time than permitted above, the person must be referred for a Level II Screen on or before the last day of the permitted time period. Medicaid payments are not to be made to a nursing facility after the last day of the permitted time period until the Level II Screen is completed if the facility fails to make a referral for a Level II Screen within the permitted time period.*

*If you have answered "No" to the questions in Section B, proceed to Section C.*



## SECTION C QUESTIONS PERTINENT FOR AN ABBREVIATED LEVEL II SCREEN

Yes No

### 1. Severe Medical Condition

☐ ☐

Check the "Yes" box only if the answers to both of the following questions is yes.

- a. Does the person have a severe medical condition, including but not limited to Chronic Obstructive Pulmonary Disease (COPD), Parkinson's Disease, Huntington's Disease, Amyotrophic Lateral Sclerosis (ALS) or Congestive Heart Failure (CHF), or a terminal illness (a physician has indicated there is six months or less of life expectancy)?
- b. Does the person's medical condition substantially limit the person's ability to participate in activities? For example, a person may have COPD and be on continuous oxygen, but still be able to go shopping with family for several hours – this person would not receive an Abbreviated Level II Screen. On the other hand, a person may have COPD to such an extent that he / she becomes exhausted after being out of bed for a half hour – this person likely would receive an Abbreviated Level II Screen.

### 2. Severe Cognitive Deficits

☐ ☐

Does the person have cognitive deficits due to dementia, Alzheimer's disease or similar degenerative process that substantially interferes with his / her independent functioning and results in a level of impairment that the person could not be expected to participate in or benefit from specialized services? For example, a person who can follow only one-step directions, scores low on the Mini-Mental Status Exam, cannot remember a list of three items after five minutes, etc. generally should qualify for an Abbreviated Level II Screen. In addition, there must be documentation that provides a reasonable basis for concluding that these deficits are not due to a reversible condition (e.g., delirium, depression, or drug interactions / side effects). Also, for persons who have a developmental disability or a long-standing history of a serious mental illness, it is essential to include information about prior functioning to demonstrate that there has been a decrease in functioning compared to prior levels.

*If you have answered "Yes" to any of the questions in this section, you are required to send to the PASARR contractor the Level I Screen along with documentation, such as tests, other evaluations, and pertinent progress notes to verify the medical or cognitive condition and the severity of impact the condition has on the person's independent functioning. The PASARR contractor will determine if the documentation supports the criteria for an Abbreviated Level II Screen. Follow the instructions in Section D.*

## SECTION D REFERRING A PERSON FOR A LEVEL II SCREEN

*If you have answered "Yes" to any question in Section A and "No" to all of the exemptions listed in Sections B, follow these instructions:*

Contact the PASARR Contractor to notify them that the person is being considered for admission. Forward a copy of the Level I Screen to the PASARR Contractor (a copy must also be maintained by the nursing facility). The PASARR Contractor will perform a Level II Screen to determine if the person has a developmental disability and / or a serious mental illness as defined by the federal PASARR regulations, and if so, then whether or not the person needs nursing facility placement and if the person needs specialized services. The screening agency will notify the nursing facility, the county of responsibility and the resident or his / her legal representative, in writing of the determinations.

If you have answered "Yes" to any of the items in Section A, the nursing facility must obtain county approval, as evidenced by receipt of a signed DDE-822 form from the county, prior to admission.

Note: If a person has a developmental disability or a mental illness at the time of a proposed admission to a nursing facility, State statutes only permit a health care agent to admit a person to a nursing facility for up to three months of post-hospitalization recuperative care or for up to 30 days of respite care. Otherwise, guardianship and protective placement is necessary prior to admission, except in the event of an emergency. Similarly, if a person already has a guardian, the guardian is only permitted to consent to an admission to a nursing facility for up to three months of post-hospitalization recuperative care or for up to 30 days of respite care. Otherwise, a protective placement order is necessary prior to admission, except in the event of an emergency.

Note to PASARR contract agencies: An asterisk (\*) above denotes personally identifiable information that is necessary for tracking purposes by the Department in its efforts to ensure compliance with federal and State regulations. This information is not to be used in any manner outside the scope of the contractual language and applicable laws or regulations.

Is an Abbreviated Level II Screen appropriate because the person qualifies for a categorical determination that he/she does not need specialized services? Check one:

- ☐ Yes, there is support for the diagnosis of a severe medical condition AND the social history, progress notes, and other documentation indicate that the person's level of functioning is so severely impaired by his/her medical condition that he/she could not be expected to actively participate or benefit from specialized services. This concludes the Level II process. Check the type of severe medical condition affecting the person:

- ☐ Medical condition, including, but not limited to terminal illness (i.e., the individual has a medical prognosis that his/her life expectancy is 6 months or less if the illness runs its course) coma, ventilator dependence, functioning at a brain stem level, chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, congestive heart failure, etc.
- ☐ Severe cognitive impairments or deficits including Alzheimer's disease, dementia or a related disorder.

(specify diagnoses and functional impairments) \_\_\_\_\_

Note to nursing homes: The nursing home should retain a copy of this facesheet and attached documentation in the person's medical record.

- ☒ No, support for the diagnosis of a severe medical condition was not found OR documentation was not found that indicates that the person's level of functioning is so severely impaired by his/her medical condition that he/she could not be expected to actively participate or benefit from specialized services. If the documentation might exist, but it was not found or included by the PASARR contract agency, contact the appropriate PASARR contract agency to discuss the data that might exist and how to find or obtain the information. Otherwise, proceed to complete a Full Level II Screen.

#### APPROPRIATENESS OF PLACEMENT DETERMINATION (Check one):

- ☐ Yes, this person needs a placement in a nursing facility. ☐ This is expected to be a short-term recuperative care stay.
- ☐ No, this person does not need a placement in a nursing facility; however, he/she may choose to stay because he/she has resided in one or more nursing facilities for at least 30 consecutive months prior to this determination AND he/she was determined to need specialized services (see below).
- ☐ No, this person does not need a placement in a nursing facility:
- ☐ It is recommended that the person be placed in a less/more (circle the appropriate choice) restrictive setting than a nursing facility, such as, (specify) \_\_\_\_\_.

Note: If a person has both a developmental disability and a serious mental illness, the regional PASARR teams must coordinate their screens; the teams must agree on the placement determination.

- ☐ Check the box if the person has both a developmental disability and a serious mental illness.

#### SPECIALIZED SERVICES DETERMINATION (Check one):

- ☐ This person needs specialized services (i.e., inpatient psychiatric hospitalization) to address his/her mental health needs.
- ☐ This person needs specialized psychiatric rehabilitation services to address his/her mental health needs.
- ☐ This person needs specialized services to address his/her developmental disability needs.
- ☐ This person does not need specialized services.

Note to nursing homes: The nursing home should retain a copy of this facesheet and attached documentation in the person's medical record.

Print/type name and title of QMHP/QMRP making the determinations:  
Daniel Zimmerman, PASARR Contract Administrator

Date Level I referral was received:  
06/03/1996

Signature of QMHP/QMRP making the determinations:

Date of these determinations:  
06/16/1996

**SKILLED NURSING CARE LEVEL REQUIRED.** Wisconsin administrative code requires that in order for a person who has a developmental disability to be admitted to a nursing home, he/she must meet the criteria for a skilled nursing care level (SNF), as established by a Bureau of Quality Assurance (BQA) surveyor. In certain circumstances BQA may waive the SNF care level requirement. A care level or a waiver must be obtained prior to admission.

LEVEL II PREADMISSION SCREEN AND RESIDENT REVIEW (PASARR)  
**ASSESSMENT FOR PERSONS WITH DEVELOPMENTAL DISABILITIES**  
WHO ARE APPLYING FOR ADMISSION OR RESIDING IN  
MEDICAID-CERTIFIED NURSING FACILITIES

Client's Name: John Doe

The following sections (I-XI) comprise the assessment areas of the Level II Screen. After the completion of all eleven sections, a PASARR team member, who meets the QMRP requirements, makes the determination of the need for nursing facility placement and the determination of the need for specialized services. These determinations are to be recorded on the Level II Face Sheet (DDE-853) and summarized on the Evaluation Summary and Notification of Appeal Rights form (DDE-854).

**Note: SKILLED NURSING CARE LEVEL REQUIRED** – Wisconsin administrative code (HFS 132) requires that in order for a person who has a developmental disability to be admitted to a nursing home, he/she must meet the criteria for a skilled nursing care level (SNF), as established by a Bureau of Quality Assurance (BQA) surveyor. In certain circumstances BQA may waive the SNF care level requirement. A care level or a waiver must be obtained prior to admission.

**VALIDATION OF DEVELOPMENTAL DISABILITY:**

Does the data about the person meet the criteria for the federal definition of a “developmental disability?”

- ☒ Yes (all questions below are answered “yes”). Continue with the screening process.  
☐ No (at least one question below was answered “no”). No further Level II screening is needed.

**Also, indicate the result of this determination on the first page of the facesheet.**

1. ☒ Yes ☐ No Does the person have a diagnosis of mental retardation (as described in the American Association on Mental Retardation's Manual on Classification in Mental Retardation (1983)), cerebral palsy, epilepsy, or any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons who have mental retardation, and requires treatment or services similar to those required for these persons? **Note: If the person has a diagnosis of mental retardation, obtain a copy of documentation that supports the diagnosis, including the psychological evaluation with scores from a standardized intelligence test.**
2. ☒ Yes ☐ No Was the condition manifested before the person reached age 22?
3. ☒ Yes ☐ No Is the person's condition likely to continue indefinitely?
4. ☒ Yes ☐ No Does the person's condition result in substantial functional limitations in three or more of the following areas of major life activity? (Check all that apply)
- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Self-care | <input checked="" type="checkbox"/> Learning       | <input type="checkbox"/> Understanding and use of language          |
| <input type="checkbox"/> Mobility             | <input checked="" type="checkbox"/> Self-direction | <input checked="" type="checkbox"/> Capacity for independent living |

I. **PREADMISSION QUESTIONS**

Why is the person being considered for nursing facility admission?

Been in the facility since 2/2/80

What other options have been explored besides nursing facility admission?

Previously was in a community CBRF and attending a sheltered workshop. He still is appropriate for that level of care. County lost funding for community programming for John.

Name/Title/Date of person who completed Section I:

Daniel Zimmerman, QMRP, 6/15/96

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LEVEL II PREADMISSION SCREEN/RESIDENT REVIEW  
FOR PERSONS WHO HAVE A DEVELOPMENTAL DISABILITY

<b>II.</b>	<b>MEDICAL</b> Attach documents identifying the person's comprehensive medical history, physical examination results and physician's orders including orders for medications and treatments (dosage and frequency), diagnostic tests, special diet, and rehabilitation services (include frequency).		
	If the person is using any medication in the following drug groups, list the medication (even if listed above) and the person's current response to the medication: hypnotics; antipsychotics; mood stabilizers and antidepressants; antianxiety-sedative agents; and anti-parkinson agents.		
	Medication	Response	
	Trazadone 50 mg	7/7/93 to present - for depression - good response to medication	
	Mellaril	6/14/93 to present - for agitation - good; was discontinued in 1993, but had to be reinitiated	
	Briefly summarize the person's skills and deficits associated with monitoring and supervising one's own health status, including self-administration of medications and scheduling of medical treatments.  Not able to handle or participate in managing this.		
	<i>Based on the above medical section (including any attachments), what supports does the person need to maintain or improve his/her independent functioning as it relates to <b>health</b> status?</i>  This gentleman came to this facility nearly 14 years ago after community programs lost funding. He appears younger than his age. Programming of a meaningful nature with people of common ability would likely reduce the need for medication for depression and agitation. His self-worth would be enhanced as well as quality of life.		
	Name/Title/Date of person who completed Section II: Daniel Zimmerman, QMRP, 6/15/96		
<b>III.</b>	<b>NUTRITIONAL STATUS</b>		
	Height:	68 inches	Weight: 197 pounds
	Has the person been: <input checked="" type="checkbox"/> gaining weight <input type="checkbox"/> losing weight <input type="checkbox"/> staying about the same in the past six months? (check one)		
	Amount of weight gain/loss in that period?		6 lbs.
	Food Intake: (check all that apply) <input checked="" type="checkbox"/> Eats without assistance <input type="checkbox"/> Needs some type of adaptive aid (plate guard, built-up utensil, etc.) <input type="checkbox"/> Needs another person to assist with feeding <input type="checkbox"/> Is fed by syringe <input type="checkbox"/> Feeding tube <input type="checkbox"/> Parenteral/IV <input type="checkbox"/> Mechanically altered diet (ground, pureed, etc.)		



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LEVEL II PREADMISSION SCREEN/RESIDENT REVIEW  
FOR PERSONS WHO HAVE A DEVELOPMENTAL DISABILITY

<p>Is the person on a prescription or special diet? If yes, describe the diet:</p>	<p>No</p>
<p>Does the person have dentures and/or a removable bridge?</p>	<p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Yes</p>
<p>If yes, does the person use them on a daily basis?</p>	<p><input type="checkbox"/> No      <input type="checkbox"/> Yes</p>
<p>Does the person have broken or loose teeth?</p>	<p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Yes</p>
<p>Does the person have inflamed gums and/or bleeding gums?</p>	<p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Yes</p>
<p>Does the person have chewing problems? If yes, describe:</p>	<p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Yes</p>
<p>Does the person have swallowing problems? If yes, describe:</p>	<p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Yes</p>
<p>How does the person communicate food likes and dislikes? Verbally expresses</p>	
<p>Consumes all or almost all food provided most of the time? If no, describe the person's eating pattern:</p>	<p><input type="checkbox"/> No      <input checked="" type="checkbox"/> Yes</p>
<p>Consumes all or almost all liquids provided most of the time? If no, describe the person's fluid intake pattern:</p>	<p><input type="checkbox"/> No      <input checked="" type="checkbox"/> Yes</p>
<p>What skills does the person have to monitor her/his nutritional needs? Likes all foods and liquids, but no skill at limiting.</p>	
<p><i>Based on the areas above, what kinds of supports does the person need to maintain or improve their <b>nutritional status</b>?</i></p> <p>He needs monitoring of food intake and caloric content to keep weight in line; this could be handled in a CBRF or adult foster care.</p>	
<p>Name/Title/Date of person who completed Section III: Daniel Zimmerman, QMRP    6/15/96</p>	

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LEVEL II PREADMISSION SCREEN/RESIDENT REVIEW  
FOR PERSONS WHO HAVE A DEVELOPMENTAL DISABILITY

<b>IV. SELF-HELP DEVELOPMENT</b>														
<p>A. ADL SELF-SUPPORT (<i>Code for person's PERFORMANCE-Not including setup</i>)</p> <p>0. <i>INDEPENDENT</i> - No help or oversight - OR - Help/oversight provided only 1 or 2 times during last 7 days.</p> <p>1. <i>SUPERVISION</i> - Oversight, encouragement or cueing provided 3+ times during last 7 days - OR - Supervision plus physical assistance provided only 1 or 2 times during last 7 days.</p> <p>2. <i>LIMITED ASSISTANCE</i> - Person highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3+ times - OR - More help provided only 1 or 2 times during last 7 days.</p> <p>3. <i>EXTENSIVE ASSISTANCE</i> - While person performed part of activity, over last 7 day period, help of following type(s) provided 3 or more times: Weight-bearing support; Full assistance during part (but not all) of last 7 days</p> <p>4. <i>TOTAL DEPENDENCE</i> - Full assistance of activity during entire 7 days.</p>														
<p>B. ADL SUPPORT PROVIDED - (<i>Code for MOST SUPPORT PROVIDED during last 7 days; code regardless of person's self-performance classification</i>)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">0. No setup or physical help from others.</td> <td style="width: 50%; border: none;">2. One-person physical assist.</td> <td style="width: 10%; border: none;"></td> <td style="width: 10%; border: none;"></td> <td style="width: 10%; border: none;"></td> </tr> <tr> <td style="border: none;">1. Setup help only.</td> <td style="border: none;">3. Two+ persons physical assist.</td> <td style="border: none;">A.</td> <td style="border: none;">B.</td> <td style="border: none;"></td> </tr> </table>					0. No setup or physical help from others.	2. One-person physical assist.				1. Setup help only.	3. Two+ persons physical assist.	A.	B.	
0. No setup or physical help from others.	2. One-person physical assist.													
1. Setup help only.	3. Two+ persons physical assist.	A.	B.											
<b>Respond in both columns for each area of support.</b>			Self-Support	Support										
POSITIONING	How person moves to and from lying position, turns side to side, and positions body.		0	0										
TRANSFER	How person moves between surfaces - to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet).		0	0										
MOBILITY	How person moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiently once in chair.		0	0										
DRESSING	How person puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis.		0	1										
EATING	How person eats and drinks (regardless of skill).		0	1										
TOILET USE	How person uses the toilet room (or commode, bedpan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes.		0	0										
PERSONAL HYGIENE	How person maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum (EXCLUDE baths and showers).		1	1										
BATHING	<p>How person takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (EXCLUDE washing of back and hair. (<i>Code for most dependent in self-performance and support.</i> Bathing Self-Performance codes appear below.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">0. Independent - no help provided.</td> <td style="width: 50%; border: none;">3. Physical help in part of bathing activity.</td> </tr> <tr> <td style="border: none;">1. Supervision - Oversight help only.</td> <td style="border: none;">4. Total dependence.</td> </tr> <tr> <td style="border: none;">2. Physical help limited to transfer only.</td> <td style="border: none;"></td> </tr> </table>		0. Independent - no help provided.	3. Physical help in part of bathing activity.	1. Supervision - Oversight help only.	4. Total dependence.	2. Physical help limited to transfer only.		2	2				
0. Independent - no help provided.	3. Physical help in part of bathing activity.													
1. Supervision - Oversight help only.	4. Total dependence.													
2. Physical help limited to transfer only.														
TASK SEGMENTATION	<p>Person requires that some or all of ADL activities be broken into a series of subtasks so that person can perform them.      <input type="checkbox"/> No      <input checked="" type="checkbox"/> Yes</p>													
ADL FUNCTIONAL REHABILITATION POTENTIAL (check all that apply)	<p>a. Person believes he/she capable of increased independence in at least some ADLs.</p> <p>b. Direct care provider(s) believe person capable of increased independence in at least some ADLs.</p> <p>c. Person able to perform tasks/activity but is very slow.</p> <p>d. Major difference in ADL Self-Performance or ADL Support in mornings and evenings (at least a one category change in Self-Performance or Support in any ADL.)</p> <p>e. <i>NONE OF ABOVE</i></p>		a.	b.										
			C.	✓										
			d.											
			e.											
CHANGE IN ADL FUNCTION	<p>Change in ADL self-performance in last 6 months. (check one)</p> <p><input checked="" type="checkbox"/> No change      <input type="checkbox"/> Improved      <input type="checkbox"/> Deteriorated</p>													

LEVEL II PREADMISSION SCREEN/RESIDENT REVIEW  
FOR PERSONS WHO HAVE A DEVELOPMENTAL DISABILITY

*Based on the areas above, what kinds of supports does the person need to maintain or improve their **self-help skills**?*

With supervision and minimal assistance with bathing, ADL needs should be able to be met in a community setting.

Name/Title/Date of person who completed Section IV:

Daniel Zimmerman, QMRP 6/15/96

**V. SENSORIMOTOR DEVELOPMENT** (Ambulation, positioning, and transfer skills were covered in the preceding section.)

**Motor Development:** (check all that apply)

- ☒ Balance—adequate balance while standing
- ☐ Balance—partial or total lack of ability to balance self while standing
- ☒ Trunk—adequate control in turning, balancing, and positioning body
- ☐ Trunk—partial or total lack of ability to turn, balance, or position body
- ☒ Arms—adequate function
- ☐ Arm(s)—partial or total lack of voluntary movement (☐ L ☐ R)
- ☒ Hands—adequate gross and fine motor dexterity
- ☐ Hand(s)—lack of dexterity (☐ L ☐ R) List examples of difficulties:

- ☒ Legs—adequate function
- ☐ Leg(s)—unsteady gait
- ☐ Leg(s)—partial or total lack of voluntary movement (☐ L ☐ R)
- ☐ Amputation(s)--identify:

- ☐ Hemiplegia/Hemiparesis
- ☐ Quadriplegia
- ☐ Contractures--(arms, legs, shoulders, hands) Identify:

- ☐ Bedfast all or most of the time

Mobility Aids: (check all that apply)

- ☒ None
  - ☐ Manual wheelchair (☐ usually wheels self ☐ usually someone else wheels)
- ☐ Power wheelchair (person operates)
- ☐ Brace/Prosthesis--Describe:
- ☐ Lifted mechanically--Describe:
- ☐ Other mobility aids--Describe:

*Based on the above, and any other documentation (attach), what supports does the person need to improve her/his **motor function**/capabilities? (Include supports from other people, training needs, as well as prosthetic, orthotic, corrective or mechanical supportive devices):*

John functions well in this area ----- no supports are needed.

<p><b>Vision:</b> Ability to see in adequate light and with glasses if used. (check one)</p> <p> <input checked="" type="checkbox"/> Adequate--sees fine detail, including regular print in newspapers/books.  <input type="checkbox"/> Impaired--sees large print, but not regular print in newspapers/books.  <input type="checkbox"/> Highly Impaired--limited vision; not able to see newspaper headlines; does appear to follow objects with eyes.  <input type="checkbox"/> Severely Impaired--no vision or appears to see only light, colors, or shapes.         </p>
<p>Visual Limitations: (check all that apply)</p> <p> <input type="checkbox"/> Has difficulty locating objects without assistance  <input type="checkbox"/> Difficulty traveling (bumps into people/objects)  <input type="checkbox"/> Misjudges placement of body when seating self         </p>
<p>Visual Appliances: (check all that apply)</p> <p style="text-align: center;"> <input type="checkbox"/> Glasses      <input type="checkbox"/> Contact lenses      <input type="checkbox"/> Other (describe):         </p>
<p><i>Based on the above, and any other documentation (attach), what supports does the person need to improve her/his <b>vision</b> and/or supports to aid in reducing the barriers imposed by limitations in vision?</i></p> <p style="text-align: center;">No limitations in this area.</p>
<p><b>Hearing:</b> (with hearing appliance, if used) (check one)</p> <p> <input checked="" type="checkbox"/> Hears adequately--normal talk, TV, phone  <input type="checkbox"/> Minimal difficulty when not in quiet setting  <input type="checkbox"/> Hears in special situations only--speaker must adjust tonal quality and speak distinctly  <input type="checkbox"/> Highly impaired/absence of useful hearing         </p>
<p>Hearing Devices/Techniques: (check all that apply)</p> <p> <input type="checkbox"/> Hearing aid, present and used  <input type="checkbox"/> Hearing aid, present and not used (Why not?)  <input type="checkbox"/> Hearing aid, not present (Why not?)         </p> <p style="text-align: center;"> <input type="checkbox"/> Other receptive communication technique used (e.g., lip reading, signing) Describe:         </p>
<p><i>Based on the above, and any other reports/evaluations (attach), what devices/techniques are needed to help the person improve his/her <b>receptive</b> functional capabilities?</i></p> <p style="text-align: center;">No limitations in this area.</p>
<p>Name/Title/Date of person who completed Section V: Daniel Zimmerman, QMRP      6/15/96</p>

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LEVEL II PREADMISSION SCREEN/RESIDENT REVIEW  
FOR PERSONS WHO HAVE A DEVELOPMENTAL DISABILITY

<b>VI.</b>	<b>COMMUNICATION</b>
<p>Modes of Expression (Check all used by resident to make needs known)</p>	

- ☐ Person cannot communicate basic needs
- ☒ Speech
- ☐ Writes messages to express or clarify needs
- ☐ Sign language
- ☐ Gestures/Sounds
- ☐ Communication board
- ☐ Other--Describe:

☐ Primary language is other than English. What Language?

Making Self Understood (Expresses information—however able) (check one)

Person is understood

- ☒ Is usually understood--difficulty finding words or finishing thoughts
- ☐ Is sometimes understood--ability is limited to making concrete requests
- ☐ Is rarely/never understood

Ability to Understand Others (Understanding verbal information content--however able) (Check one)

- ☒ Person understands
- ☐ Usually understands--may miss some part/intent of message
- ☐ Sometimes understands--responds adequately to simple, direct communication
- ☐ Person rarely/never understands

Change In Communication--person's ability to express, understand, or hear information has changed over last 6 months (check one)

- ☒ No change
- ☐ Improved, and if so, why?

*Based on the above, and any other reports/evaluations (attach), what supports does the person need to improve her/his **communication** capabilities (both receptive and expressive, including non-oral communication systems)?*

I had no difficulty conversing with John. He is obviously retarded based on his short, simple sentences. He can, however, make sensible reasonable conversation.

Name/Title/Date of person who completed Section VI:

Daniel Zimmerman, QMRP 6/15/96

Appendix M  
LEVEL II PREADMISSION SCREEN/RESIDENT REVIEW  
FOR PERSONS WHO HAVE A DEVELOPMENTAL DISABILITY

<b>VII. AFFECTIVE AND SOCIAL DEVELOPMENT</b> (attach a copy of the person's social history) Skills involved with expressing emotions, making judgments, making independent decisions, interpersonal skills, rec-leisure skills, and relationships with others. (Indicate with a number)	
1 never does                      2 rarely does                      3 sometimes does                      4 almost always does	
4	Person expresses happiness (however able, e.g., verbally, smiles, laughter, etc.)
3	Expresses sadness (however able, e.g., tears, facial expressions, verbally, etc.)
3	Expresses feelings of physical pain (however able)
3	Expresses feelings of anger (however able)
1	Expresses feelings of loneliness (however able)
1	Expresses feelings of boredom (however able)
1	Expresses an interest in having more contact with family
1	Expresses an interest in having friends/more friends (other than paid supports)
3	Is able to alter behavior based on her/his perception of what someone else is expressing, e.g., cues, requests, emotions of others, etc.)
1	Chooses clothing appropriate for the weather
3	Recognizes and attends to signs/symptoms of illness
4	Can identify threatening acts or gestures from others
4	Will take action to protect self from threatening acts/gestures
2	Can determine when a situation is unsafe
1	Makes requests to speak to or be with a specific person
1	Makes food choice/menu selections
1	Chooses own clothing to wear for the day
1	Chooses items to purchase at a store
3	Makes own radio/TV station choice
2	Chooses activities (choices are offered by someone else)
1	Chooses activities (comes up with ideas/choices by self)
1	Plans/schedules own leisure time
1	Spends leisure time with family (at least an hour once a week)
1	Spends leisure time with friend(s) (other than family/caregiver/or paid provider) (at least an hour once a week)
1	Has the opportunity to spend time with friend(s) away from his/her residence (e.g., at friend's residence, at mall, etc.)
<p><i>Based on the above, and any other reports/evaluations (attach), what supports does the person need to develop behaviors and skills relating to his/her own <b>emotions</b> as well as skills that enable the person to establish and maintain appropriate <b>roles</b> and fulfilling <b>relationships</b> with others?</i></p> <p style="text-align: center;">John has many assets in this area on which to build. Increasing his ability to make decisions/choices and increasing self-direction are primary needs in this area, along with expanding his repertoire of leisure activities.</p>	
Name/Title/Date of person who completed Section VII: Daniel Zimmerman, QMRP                      6/15/96	

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LEVEL II PREADMISSION SCREEN/RESIDENT REVIEW  
FOR PERSONS WHO HAVE A DEVELOPMENTAL DISABILITY

<b>VIII. FUNCTIONAL LEARNING SKILLS</b> Skills involved in processing information received by the senses (memory, reasoning, and problem solving) (Indicate with a number all that apply)	
1 never does                      2 rarely does                      3 sometimes does                      4 almost always does	
3	Discriminates objects by size/shape/color
4	Correctly follows one step requests/directions
3	Correctly follows two or more step requests/directions
1	Requests assistance when necessary to complete a task
3	Independently corrects errors during a familiar task
1	Independently corrects errors during an unfamiliar task
3	Corrects errors when given cues
3	Remembers a direction/task/event for 24 hours
2	Remembers a direction/task/event for 7 days or more
1	Can learn to complete a new task (with definite beginning and end) within one week
2	Can learn to complete a new task (with definite beginning and end) within one month
1	Understands cause and effect relationships (e.g., plans to repeat an action to obtain a particular result)
<p><i>Based on the above, and any other reports/evaluations (attach), what supports does the person need to improve her/his functional learning capabilities?</i></p> <p style="margin-left: 40px;">John was working at Goodwill Industries until community funding ran out. Alternatives similar to this were not sought out or made available ----- rather, he was placed in the nursing home. Work activities would be appropriate for John and are expected to have therapeutic benefits for him.</p>	
Name/Title/Date of person who completed Section VIII: Daniel Zimmerman, QMRP      6/15/96	
<b>IX. INDEPENDENT LIVING DEVELOPMENT</b> Does the person have skills in the following areas? (Indicate with a number)	
1 does not do                      2 does with assistance                      3 does independently	
1	Person can prepare a simple meal
1	Makes bed
1	Laundry (use of washer/dryer)
1	Care of clothes (sorting, folding, hanging)
1	Housekeeping skills (dusting, vacuuming, cleaning, etc.)
1	Shopping for groceries (regardless of transportation)
1	Shopping for clothes (regardless of transportation)
1	Understanding of money and its use
1	Budgeting skills

FOR PERSONS WHO HAVE A DEVELOPMENTAL DISABILITY

1	Uses transportation system (bus, taxi)
3	Can identify and take action to protect self from threatening acts of others
n/a	Person with visual impairment has community orientation skills
<p><i>Based on the above, and any other reports/evaluations (attach), what supports does the person need to improve his/her <b>personal independence</b> and <b>social responsibility</b> expected of their age and cultural group?</i></p> <p style="margin-left: 40px;">In the current arrangement, John does not have opportunities to function independently in the above areas. It is expected that John has the capacity to re-establish and maintain skills in this area so he can exercise greater independence and self-direction.</p>	
<p>Name/Title/Date of person who completed Section IX:</p> <p style="text-align: center;">Daniel Zimmerman, QMRP      6/15/96</p>	
<b>X. VOCATIONAL SKILLS</b>	
<p>Vocational development refers to work interests, work skills, present and future employment options, etc. (Check all that apply.)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Person is presently involved in a sheltered work program (with main emphasis on production, piece work, etc.)</li> <li><input type="checkbox"/> Presently involved in a pre-vocational training program (with main emphasis on learning work related skills)</li> <li><input type="checkbox"/> Presently involved in a supported employment program (working at an integrated job site with supports)</li> <li><input type="checkbox"/> Presently involved in a day services program where the primary focus is not related to work or learning work skills (e.g., recreation/leisure activities, social skills development, ADL skills development, etc.)</li> <li><input type="checkbox"/> Person expresses (however able) an interest in working/having a job/getting job training</li> <li><input type="checkbox"/> Others familiar with the person recommend work or work skills training</li> <li><input checked="" type="checkbox"/> Person has previously had work skills training</li> <li><input type="checkbox"/> Person has previously worked (no longer works). Describe nature of the work and why discontinued:</li> </ul>	
<p>Briefly describe what the person does during a typical week (i.e., Mon-Fri., 8:00--4:00) and where the activity occurs:</p> <p style="margin-left: 40px;">He goes to whatever activities are offered at the facility. He follows what is going on with other residents and staff. Walks a lot. Likes to assist staff.</p>	
<p><i>Based on the above sections, and any other reports/evaluations (attach), what supports does the person need to develop <b>vocational/work</b> interests, skills, and employment options?</i></p> <p style="margin-left: 40px;">Needs a reassessment to determine the vocational skills he may have retained. He has not been offered any work opportunities, so it is unknown if he is interested in working again.</p>	
<p>Name/Title/Date of person who completed Section X:</p> <p style="text-align: center;">Daniel Zimmerman, QMRP      6/15/96</p>	



## XI. CHALLENGING BEHAVIORS

The presence of identifiable maladaptive or inappropriate behaviors of the person based on systematic observation. Source(s) of following information (including name and title/relationship):

(Indicate with a number)

1 never

2 rarely

3 not more than once per month

4 more than once per month, but not daily

5 on a daily or near daily basis

2	Person withdraws from others or from her/his environment
1	Causes physical harm to self
1	Causes physical harm to others (e.g., hit, pinched, shoved, scratched)
1	Verbally abusive--uses language to cause emotional harm to others (e.g., threatened, screamed at, cursed at)
1	Engages in self-sexual behavior in a way that is offensive to others or injurious to self
1	Manipulates, coerces, or forces others into sexual behavior that violates others' right to free choice
1	Damages or destroys public or private property
2	Disrupts the program activities of individuals or of group (e.g., disrupting sounds, noisy, screams, smears/throws food/feces, hoards objects, rummages through others' belongings)
1	Wandering--moved with no rational purpose, seemingly oblivious to needs or safety
1	Resists taking medications/injections
1	Resists ADL assistance
1	Other (describe):

Is there a written behavior management program (not including programs that only involve the use of physical restraints or psychotropic medications)

☒ No

☐ Yes

Has there been a change in the person's overall behavior in the past 6 months?

☒ No change

☐ Improved

☐ Deteriorated

If improved or deteriorated, why?

Behavior was exacerbated in mid-1993 when his dosage levels were reduced.

*Based on the above sections, and any other reports/evaluations (attach), what supports or interventions are needed to reduce maladaptive behaviors and improve the person's ability to function safely and independently?*

Maladaptive behaviors occur infrequently. He receives medications to manage symptoms of depression and agitation.

Name/Title/Date of person who completed Section XI:

Daniel Zimmerman, QMRP

6/15/96

## Appendix M

### SOCIAL HISTORY

NAME: John Doe

BIRTHPLACE: Utopia, WI

DOB: 9/12/35

SOCIAL SECURITY: 999-99-9999

DATE OF ADMISSION: 2/2/80 (Re-admission)  
3/8/76 (Original)

MARITAL STATUS: Single

EDUCATION: No Formal Education

DIAGNOSES:

1. Childhood Encephalitic Mentally Retarded
2. Agitated Behavior
3. Past Planus and Congenital Clubbing, (R) Foot
4. Onychomycosis, all toenails, both feet
5. Severe Dyshidrosis, eczematous skin changes, hands, feet, lower extremities
6. Edema (R) Lower Extremity
7. Gynecomastia

John Doe is a readmission to the Cross Wind Manor following a brief hospitalization at St. Mary's Hospital for agitated behavior.

Previous records indicate that John was born to Chris and Nancy Doe of Utopia, Wisconsin. It is known that his mother was a resident at the Utopia County Home for a number of years and has since passed away.

John has one sister, Mrs. Jill Jones, residing at Route 1, Utopia, WI. She and her husband are frequent visitors and also invite him to their home. His sister was a resident at Northern Colony and Training School of Chippewa Falls, WI.

John has another sister, Miss Janet Doe. Records indicate that the last known address is 1111 N. 27th Street, Milwaukee, WI. Janet has not been in contact with John for a number of years, and the family is unaware of her whereabouts, or if she is even alive.

History indicates that John was committed to the Northern Colony and Training School at Chippewa Falls on April 28, 1944 at the age of 8. Records indicate that he was quiet and well behaved. He could talk, but refused to do so. His speech at the present time is inarticulate and non-structured. He was able to feed himself, but needed assistance with dressing and grooming, and other personal cares. It appears that his mother was a resident of the Colony at this time also. He resided at Northern Colony and Training School until his discharge on 6/1/69.

## **Appendix M**

Social History: (Continued)  
John Doe

On 6/1/69 John was transferred to the Utopia County Home as he was considered a resident of Utopia County and was transferred back to his county of residence.

There are no records available from 1969-1973. However, reports state that he had difficulty adjusting to this living situation. He did marginally well, but difficulties with other residents resulted in outbursts of anger.

In August 1973, he was transferred to the Tail Wind Nursing Home in Utopia, WI where he was unable to adjust. Difficulties in management, inappropriate behavior toward female residents resulted in his placement to the Utopia County Hospital. He was placed in a sheltered self-care unit (Ward AB).

On March 8, 1976, John was admitted to Cross Wind Manor to provide a less institutionalized setting. He was reported to be enthusiastic about his placement as he considered Mr. and Mrs. Sam Smith as his "ma and pa."

John was given a trial placement of two weeks at the Eastside Group Home in Utopia, WI on 1/19/80. After the trial period it was decided that he was not functioning any better in that setting and that it would be in his best interest to return to Cross Wind Manor. On 2/2/80 he was transferred, and has made his residence at Cross Wind Manor until the present time.

John is known to need a structured environment with careful supervision and maintenance. He attends Goodwill Industries on a weekly basis to maintain his skill level. He is regarded as having reached his maximum potential, and has been given a waiver from Active Treatment. He considers Cross Wind Manor his home and becomes very anxious if feeling threatened by a transfer to another facility.

John does have a guardian, George Doe of Utopia, WI. Mr. Doe is John's first cousin.

DISCHARGE PLANNING: No plan for discharge.

Dan Zimmerman, Social Worker

## Appendix M

Social Review - John Doe (undated)

### Psychosocial Development

John interacts well with staff and peers. He is willing to participate in every activity suggested by staff. However, he is shy and becomes extremely anxious and frustrated if put in the center of an activity. He continues to need staff direction to participate in a structured and cooperative game, due to cognitive limitations. He does go to Goodwill Industries one day a week, and behavior is reported as "good." He continues to need "time out" approximately every 2 hour, to walk and decrease anxiety, and will return to an activity in a short period of time, only a few minutes. He attends Senior Citizen Dinner each Wednesday, however, needs encouragement to eat appropriately, staying seated to finish his meal, and not over-eating, and not eating too fast (finishes a meal in less than five minutes). He enjoys bowling weekly, and on occasion will become frustrated, walking away from the group. This behavior is ignored, and the "cooling off" period does well to minimize anxiety and temper outbursts. He will return to the group in a relative short period of time, less than a minute, and be friendly and continue as though nothing happened.

### Health Profile

John suffered from encephalitis as a child and has been mentally retarded since. He has a congenital clubbing of his right foot. He has lotion applied BID to his feet, as he tends to have chronic skin problems. On occasion he will have sores on feet due to improper tying of his shoes. He wears custom made shoes that fit his feet very well. He also has Selsun lotion applied to his scalp prn. John is over-weight. He is presently on a regular diet with smaller portions. He will tend to eat other residents' foods, but is reminded not to do this by staff. He receives Mellaril 25 mg. TID and Triavil 2-25 mg. BID for anxiety. Psychological evaluation reveals a verbal testing of 36, abstract reasoning of 36, and short-term memory of 36. He has seen a psychiatrist in the past for increased anxiety, but has not needed to be seen in the last year as is doing well on present medication.

Portion of a Social Service Information document:

Social Evaluation and Recommendations: John is being admitted to Cross Wind Manor following a brief hospitalization at St. Mary's Hospital for agitated behavior. He continues to be highly agitated and needs reassurance and redirection during times of stress. Psychiatric consultation should be considered if anxiety does not decrease. Resident is known to be a cooperative, happy individual for the most part, until this latest episode of agitation. Attendance at Goodwill Industries should be discontinued until behavior is under control.

Dan Zimmerman, SW     4/12/89

## Appendix M

### Psychological Services, Inc.

#### REPORT OF PSYCHOLOGICAL SERVICES

NAME: John Doe DATE SEEN: 7/26/87

ADDRESS: Cross Wind Manor AGE: 51 years  
Utopia, WI

BIRTHDATE: 9/12/35

BACKGROUND INFORMATION: Mr. Doe is a 51 year old, single male who was admitted to the Cross Wind Manor in February of 1980. He was born in Utopia, Wisconsin and is described as having had no formal education. His mother is Nancy, who is reported as having been a patient at the Utopia County Hospital for a number of years and who passed away. No information was available on his father. At age eight he was committed to Northern Wisconsin Center for the Developmentally Disabled.

Mr. Doe has a diagnosis of Mental Retardation due to encephalitis. He is currently taking Triavil, Mellaril and Tylenol.

Mr. Doe was pleasant, cooperative and attentive in the evaluation process. The obtained results were viewed as a fair representation of current functioning.

#### TESTS ADMINISTERED:

- 1) Stanford-Binet Intelligence Scale: 4th Edition
- 2) Vineland Adaptive Behavior Scale

TEST RESULTS AND INTERPRETATIONS: Mr. Doe was administered the Stanford-Binet Intelligence Scale: 4th Edition. He obtained the following scores:

#### SUMMARY OF SUBTEST SCORES

Full Scale IQ 36

Verbal Reasoning = 36  
Abstract/Visual Reasoning = 36  
Quantitative Reasoning = 36  
Short Term Memory = 36

A Full Scale IQ score of 36 is within the severe range of mental retardation. It should be noted that his performance was, for the most part, consistent in the various subtests.

## Appendix M

Psychological Report  
John Doe  
Page 2

Mr. Doe was also administered the Vineland Adaptive Behavior Scale. He obtained the following scores:

	S.S.	%ile	Supp. Norm Grp. %ile	Age Equiv.
Overall Adaptive Behavior Composite	33	.1	78	4-7
Domain Scores:				
Communication	<20	.1	55	1-1
Daily Living Skills	35	.1	90	6-3
Socialization	45	.1	90	5-11

A Standard Score of 33 on the Vineland Adaptive Behavior Scale is directly comparable to an IQ score of 33 and would suggest personal and social sufficiency within the severe range of mental retardation. His overall performance was better than approximately .1% of the people his age within the national normative group while approximately 99.9% score higher than Mr. Doe scored. When comparing his performance to ambulatory mentally retarded people within a residential facility, his performance was better than approximately 78% of the people his age within the national normative group while approximately 22% score higher than Mr. Doe scored. It should be noted that a relative weakness was noted in the communication domain with a relative strength in the daily living skills domain.

Diagnostically, Mr. Doe is functioning in the severe range (318.1) intellectually and also in the severe range with respect to adaptive function. Maladaptive behavior was noted for the less serious concerns such as sleep upset, poor concentration, coordination problems relative to toileting and becoming upset easily.

\* See attached for Subdomain Scores.

SUMMARY AND RECOMMENDATIONS: Mr. Doe is a 51-year-old male who was intellectually functioning within the severe range. It is recommended that Mr. Doe's communication skills be enhanced by the working with words and pictures to increase his communication, both in terms of receptive language and expressive language. Mr. Doe should be required to do any daily living skills that he is capable of completing with only the assistance he requires. Focus on the value of money, utilizing coins is suggested, as well as a focus on daily orientation such as the day of the week, recognizing morning, afternoon and night and working on the function of time.

John Smith, Ph.D.  
LICENSED BY PSYCHOLOGY EXAMINING BOARD-STATE OF WISCONSIN  
CERTIFIED BY THE NATIONAL REGISTER OF HEALTH SERVICE PROVIDERS

### Appendix M

VINELAND SUMMARY – SUBDOMAINS				
RESIDENT'S NAME: John Doe Age: 51				
Adaptive Level	Standard Score		Adaptive Level	Age Equivalent
High Moderately High Adequate Moderately Low Low	131 to above 160 115 to 130 85 to 115 70 to 84 Below 20 to 69			
COMMUNICATION	Receptive	What resident understands	Low	1-10
	Expressive	What resident says	Low	2-0
	Written	What resident reads & writes	Low	1-6
DAILY LIVING SKILLS	Personal	How resident eats, dresses, & practices personal hygiene	Low	6-8
	Domestic	What household tasks resident performs	Low	6-5
	Community	How resident uses time, money, the telephone & job skills	Low	6-1
SOCIALIZATION	Interpersonal Relationships	How resident interacts with others	Low	5-8
	Play & Leisure Time	How resident plays & uses leisure time	Low	5-6
	Coping Skills	How resident demonstrates responsibility & sensitivity to others	Low	6-2
MOTOR SKILLS	Gross	How resident uses arms & legs for movement & coordination	-----	-----
	Fine	How resident uses hands & fingers to manipulate objects	-----	-----

**LEVEL II Preadmission Screening and Resident Review (PASARR)  
EVALUATION SUMMARY AND NOTICE OF APPEAL RIGHTS**

page 1 of 2

I. A member of the Preadmission Screen and Resident Review (PASARR) Area Evaluation Team checked the box below that applies and explained to me the results of my PASARR Level II Screen and whether or not I can be admitted or stay in a nursing facility:

- ☐ a) The federal regulation, 42 CFR 483.118, says that I cannot be admitted to a nursing facility because it was decided that I do not need the services of a nursing facility. If I want to appeal this decision, the Division of Hearings and Appeals must receive my letter within **45 days** of the day I receive this notice.
- ☐ b) The federal regulation, 42 CFR 483.118, says that I cannot stay in a nursing facility because it was decided that I do not need the services of a nursing facility. If I want to appeal this decision, the Division of Hearings and Appeals must receive my letter within **45 days** of the day I receive this notice. See the note below for time requirements for Medicaid payment.
- ☐ c) The federal regulation, 42 CFR 483.118, says that I cannot stay in a nursing facility because I have been in a nursing facility for less than 2½ years and it was decided that I do not need the services of a nursing facility, although I do need specialized services (see page 2). If I want to appeal this decision, the Division of Hearings and Appeals must receive my letter within **45 days** of the day I receive this notice. See the note below for time requirements for Medicaid payment.

**NOTE:** The impact of a determination for (b) or (c) depends on whether or not and when I appeal this determination:

- 1) If I receive Medicaid and choose not to appeal this decision, then the Medicaid program will stop paying for my stay in the nursing facility in **10 days** from the day I receive this notice.
  - 2) If I receive Medicaid and I want the Medicaid program to continue paying for my stay in the nursing facility, the Division of Hearings and Appeals must receive my appeal letter within **10 days** from the day I receive this notice. If I appeal this decision and the hearing officer decides I do not need the services of a nursing facility, then the Medicaid program will stop paying for my stay in the nursing facility as of the date of the hearing officer's decision. If I appeal this decision and the hearing officer decides I do need the services of a nursing facility, then I may stay in the nursing facility and the Medicaid program will continue to pay for my stay.
  - 3) If I receive Medicaid and the Division of Hearings and Appeals receives my appeal letter after **10 days** after I receive this notice, then Medicaid payment for my stay in the nursing facility will stop. If the hearing officer decides I do need the services of a nursing facility, then I may stay in the nursing facility and the Medicaid program will pay for my stay, including the time during the appeal process.
- ☐ d) The federal regulation, 42 CFR 483.118, says that I can stay in a nursing facility if I want to stay, even though it was decided that I do not need the services of a nursing facility, because I have been in a nursing facility for more than 2½ years and because it was decided that I do need specialized services.
  - ☐ e) The federal regulation, 42 CFR 483.118, says that I can be admitted or stay in a nursing facility, because it was decided that I need the services of a nursing facility.

This decision was based primarily on the following:



**Appendix M**  
**LEVEL II Preadmission Screening and Resident Review (PASARR)**  
**EVALUATION SUMMARY AND NOTICE OF APPEAL RIGHTS**

page 2 of 2

II. A member of the Preadmission Screen and Resident Review (PASARR) Area Evaluation Team checked the box below that applies and explained to me how the results of my PASARR Level II Screen will affect the care and treatment I receive in a nursing facility (if I can be admitted or stay in a nursing facility; see page 1 of this form):

- ☐ a) Based on the federal regulations, at 42 CFR 483.134 and 483.136, it was determined that I need an intensive, continuous treatment program called **specialized services** for my developmental disability or my mental illness. If I want to appeal this decision, the Division of Hearings Appeals must receive my appeal letter within **45 days** of the day I receive this notice.
- ☐ b) Based on the federal regulations, at 42 CFR 483.134 and 483.136, it was determined that I need services of a lesser intensity than specialized services called **specialized psychiatric rehabilitation services** for my mental illness. If I want to appeal this decision, the Division of Hearings Appeals must receive my appeal letter within **45 days** of the day I receive this notice.
- ☐ c) Based on the federal regulations, at 42 CFR 483.134 and 483.136, it was determined that I do not need **specialized services or specialized psychiatric rehabilitation services** for my developmental disability or my mental illness. If I want to appeal this decision, the Division of Hearings Appeals must receive my appeal letter within **45 days** of the day I receive this notice.

This decision was based primarily on the following:

III. If I think either of the PASARR decisions are wrong, then I can appeal these decisions to the:

Division of Hearings and Appeals  
5505 University Avenue, Suite 201  
P.O. Box 7875  
Madison, WI 53707-7851

- The information in this form is required, by federal regulations at 42 CFR 483.128(j)-(l), to be presented to persons who receive a PASARR Level II Screen. If this notice was mailed, then return one copy to the PASARR Area Evaluation Team in the enclosed envelope.
- If I want to appeal, I must include a copy of this notice with a letter that says I want to appeal.
- I was told that I may choose to represent myself at the hearing or I may choose to be represented, at my cost, by an attorney, a relative, a friend, an advocate or other spokesperson. I was told that my county department of social services will give me the names of organizations that provide free legal assistance in my area of the state.
- I have received an explanation and a copy of this Evaluation Summary and Notice of Appeal Rights.

\_\_\_\_\_  
Print Client's Name

\_\_\_\_\_  
Signature of PASARR Team Member Providing This Summary

\_\_\_\_\_  
Client's or Guardian/Health Care Agent's (if applicable) Signature

\_\_\_\_\_  
Date

Note: Additional approvals from other parties (the county department of human services/community programs, the county court, and the Bureau of Quality Assurance (BQA) may be necessary before you can be admitted to a nursing facility..

<b>PREADMISSION SCREEN AND RESIDENT REVIEW (PASARR) FOR CURRENT OR PROSPECTIVE NURSING HOME RESIDENTS LEVEL II SCREEN FACESHEET</b>		
Check One: <input type="checkbox"/> Preadmission Screen <input checked="" type="checkbox"/> Change of Status Resident Review (check the reason for referral below): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Short-term Exemption  <input type="checkbox"/> May Not Need NF Care  <input type="checkbox"/> Per DHCF Policy               </div> <div> <input checked="" type="checkbox"/> Not Previously Screened  <input type="checkbox"/> May Now Need Specialized Services  <input type="checkbox"/> May No Longer Need Specialized Services               </div> </div>		
Check One: <input checked="" type="checkbox"/> Full Screen <input type="checkbox"/> Partial Screen <input type="checkbox"/> Abbreviated Screen		
Check the appropriate box: <input type="checkbox"/> Screen for a person who may have a developmental disability <input checked="" type="checkbox"/> Screen for a person who may have a serious mental illness		
* Person/Resident's Name: Jane Doe		County of Responsibility: Utopia
* Birthdate: 10/08/1957	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	* Social Security #: 111-11-1111
For Preadmission Screens Only - In what type of residence has the person lived (for at least 3 months) prior to the referral for a Level II Screen? (check one) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Independent (apt. or house)  <input type="checkbox"/> With relative  <input type="checkbox"/> Hospital  <input type="checkbox"/> Other (specify) _____               </div> <div> <input type="checkbox"/> Group home (CBRF or Adult Family Home)  <input type="checkbox"/> ICF/MR  <input type="checkbox"/> Assisted Living (RCAC)               </div> </div>		
Was the person in a hospital during the time of the Level II Screen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of the Current (or proposed, if known) Nursing Facility: Cross Wind Manor, Utopia		
* Legal Status (check one): <input type="checkbox"/> Voluntary Admission <input checked="" type="checkbox"/> Involuntary Commitment <input type="checkbox"/> Protective Placement <div style="display: flex; justify-content: space-between;"> <span>05/10/1993</span> <span>Date of last Watt's review: _____</span> </div>		
* Guardian's or Health Care Agent's Name, if applicable: * Guardian's or Health Care Agent's Address:  Guardian's or Health Care Agent's Telephone #: (Home) _____ (Work) _____		
Has the Durable Power of Attorney for Health Care document been activated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>PARTIAL LEVEL II SCREEN</b>  <b>VALIDATION OF A DEVELOPMENTAL DISABILITY:</b>  Does the data about the person (see the Level II Screen, page 1) meet the federal definition of a "developmental disability?" <input type="checkbox"/> Yes. Continue with the screening process. <input type="checkbox"/> No. No further Level II screening is needed.  <b>VALIDATION OF A SERIOUS MENTAL ILLNESS:</b>  Does the data about the person (see the Level II Screen, page 1) meet the federal definition of a "serious mental illness?" <input checked="" type="checkbox"/> Yes. Continue with the screening process. <input type="checkbox"/> No. No further Level II screening is needed.  <small>Note to nursing homes: The nursing home should retain a copy of this facesheet and attached documentation in the person's current medical record. If the person's condition or diagnoses change so that he/she later may meet the federal definition of a developmental disability or a serious mental illness, then the nursing home needs to submit an updated Level II Screen to the appropriate PASARR contract agency.</small>		

Note to PASARR contract agencies: An asterisk (\*) above denotes personally identifiable information that is necessary for tracking purposes by the Department in its efforts to ensure compliance with federal and State regulations. This information is not to be used in any manner outside the scope of the contractual language and applicable laws or regulations.

Is an Abbreviated Level II Screen appropriate because the person qualifies for a categorical determination that he/she does not need specialized services? Check one:

- ☐ Yes, there is support for the diagnosis of a severe medical condition AND the social history, progress notes, and other documentation indicate that the person's level of functioning is so severely impaired by his/her medical condition that he/she could not be expected to actively participate or benefit from specialized services. This concludes the Level II process. Check the type of severe medical condition affecting the person:
- ☐ Medical condition, including, but not limited to terminal illness (i.e., the individual has a medical prognosis that his/her life expectancy is 6 months or less if the illness runs its course) coma, ventilator dependence, functioning at a brain stem level, chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, congestive heart failure, etc.
- ☐ Severe cognitive impairments or deficits including Alzheimer's disease, dementia or a related disorder. (specify diagnoses and functional impairments) \_\_\_\_\_

Note to nursing homes: The nursing home should retain a copy of this facesheet and attached documentation in the person's medical record.

- ☒ No, support for the diagnosis of a severe medical condition was not found OR documentation was not found that indicates that the person's level of functioning is so severely impaired by his/her medical condition that he/she could not be expected to actively participate or benefit from specialized services. If the documentation might exist, but it was not found or included by the PASARR contract agency, contact the appropriate PASARR contract agency to discuss the data that might exist and how to find or obtain the information. Otherwise, proceed to complete a Full Level II Screen.

#### APPROPRIATENESS OF PLACEMENT DETERMINATION (Check one):

- ☐ Yes, this person needs a placement in a nursing facility. ☐ This is expected to be a short-term recuperative care stay.
- ☐ No, this person does not need a placement in a nursing facility; however, he/she may choose to stay because he/she has resided in one or more nursing facilities for at least 30 consecutive months prior to this determination AND he/she was determined to need specialized services (see below).
- ☐ No, this person does not need a placement in a nursing facility:
- ☐ It is recommended that the person be placed in a less/more (circle the appropriate choice) restrictive setting than a nursing facility, such as, (specify) \_\_\_\_\_

Note: If a person has both a developmental disability and a serious mental illness, the regional PASARR teams must coordinate their screens; the teams must agree on the placement determination.

- ☐ Check the box if the person has both a developmental disability and a serious mental illness.

#### SPECIALIZED SERVICES DETERMINATION (Check one):

- ☐ This person needs specialized services (i.e., inpatient psychiatric hospitalization) to address his/her mental health needs.
- ☐ This person needs specialized psychiatric rehabilitation services to address his/her mental health needs.
- ☐ This person needs specialized services to address his/her developmental disability needs.
- ☐ This person does not need specialized services.

Note to nursing homes: The nursing home should retain a copy of this facesheet and attached documentation in the person's medical record.

Print/type name and title of QMHP/QMRP making the determinations:  
Daniel Zimmerman, PASARR Contract Administrator

Date Level I referral was received:  
06/03/1996

Signature of QMHP/QMRP making the determinations:

Date of these determinations:  
06/16/1996

**SKILLED NURSING CARE LEVEL REQUIRED.** Wisconsin administrative code requires that in order for a person who has a developmental disability to be admitted to a nursing home, he/she must meet the criteria for a skilled nursing care level (SNF), as established by a Bureau of Quality Assurance (BQA) surveyor. In certain circumstances BQA may waive the SNF care level requirement. A care level or a waiver must be obtained prior to admission.

**LEVEL II Preadmission Screening/Annual Resident Review Assessment for  
Persons With Mental Illness Applying for Admission or Residing in  
Medicaid-Certified Nursing Homes**

Client's Name: Jane Doe

**VALIDATION OF A SERIOUS MENTAL ILLNESS:**

Does the data about the person meet the criteria for the federal definition of a "serious mental illness?"

- ☒ Yes (all questions below are answered "yes"). Continue with the screening process.  
☐ No (at least one question below was answered "no"). No further Level II screening is needed.

**Also, indicate the result of this determination on the first page of the Facesheet.**

1. ☒ Yes ☐ No Does the person have a major mental disorder meeting the diagnostic requirements in DSM III-R of (circle the applicable diagnosis) schizophrenia; mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability.  
**Note: Dementia, as described in DSM III-R, is not considered a major mental disorder, even though it is a mental disorder that leads to a chronic disability.**
2. ☒ Yes ☐ No Has the person's functioning been limited continuously or intermittently during the past 3 to 6 months in at least one of the following areas of major life activity (check the applicable areas):
- ☒ Interpersonal functioning, including but not limited to: social isolation, altercations with others, difficulty interacting appropriately and communicating effectively with others;
  - ☐ Concentration, persistence, and pace resulting in problems, such as, difficulty completing common tasks found in a workplace, school, or home setting, difficulty in completing tasks on time, or frequent errors; and
  - ☒ Adaptation to change.
3. ☒ Yes ☐ No Has the person needed as a result of the mental disorder either psychiatric treatment that is more intensive than outpatient care (e.g., partial or inpatient hospitalization) at least two times during the past two years, supportive services to maintain functioning in the community, OR intervention by housing or law enforcement officials?

**General Directions: The Level II Screen consists of the following five required assessment sections. The objective of each section is noted. All the assessments may be dictated. The Comprehensive Drug History and the Psychosocial Assessment may be written directly on the screen. Each assessment must be signed and dated (date of the completion of the assessment) by the professional who conducted the assessment.**

- I. COMPREHENSIVE MEDICAL HISTORY AND PHYSICAL (PRIMARY CARE) EXAM DIRECTIONS: a) The objective is to determine the basic medical conditions which are present and to understand how they contribute to the need for nursing home placement; b) Include medical history, review of body systems, review of neurological system, diagnoses and treatment plan; c) If a physician's assistant or nurse practitioner prepares the history and physical, it must be reviewed and signed by a physician.

A. Components of the history and physical

1. Major medical illnesses
- a. Include all the basic diagnoses, problems, and symptoms and whether they are stable. If they are not stable, indicate how often they are present and how they effect the person's daily life and ability to care for him/herself. Also, include any abnormal test results.
  - b. Past significant history

## Appendix N

- c. May list past diagnoses for completeness if they occurred in the past, but are not currently under treatment, or would not be expected to become active, and therefore, would not have to be taken into consideration when treating any of the current diagnoses. For example, surgical history of hernia repair, appendectomy, traumatic amputation, history of Rheumatic fever, pneumonia at age 30, etc.
  2. Significant family history
  3. Review of all systems
  4. Physical exam
    - a. Vital signs
    - b. Exam
  5. Neurologic
    - a. Motor
    - b. Sensory
    - c. Gait
    - d. Deep tendon reflexes
    - e. Cranial nerves
    - f. Abnormal reflexes
  6. Treatment plan: For each current diagnosis under treatment, identify current treatment, e.g., medication, tests and any intervention or monitoring by nursing or therapy (physical, occupational, speech, etc.)
  7. Physician's signature and date
- B. Meeting the medical history and physical exam requirement with existing records.
1. A previous hospital admission history and physical exam may be used if:
    - a. It is comprehensive and includes most of the points listed; **and**
    - b. It was done within the last three (3) months; **and**
    - c. It was accompanied by an update which was done within the last ten (10) days; **and**
    - d. It is accompanied by the previous records or information that are referenced.
  2. Additional modifications can be made to the admission history and exam if they are made on the copy, initialed and dated by a physician.
  3. Update
    - a. It must be done within the last ten (10) days;
    - b. It should cover any major episodes or hospitalizations that have occurred since the date of the hospital admission history and exam which is being used to satisfy this requirement; and
    - c. It should address the reason the person is being admitted to the nursing home and his/her physical condition at this time.
  4. Medical/Surgical consultations
    - a. If there is a medical condition, which is the reason for the nursing home placement and a consultant was involved with the care, then include a copy of the consultation and the key progress note.

Appendix N

- II. COMPREHENSIVE DRUG HISTORY (CURRENT OR IMMEDIATE PAST MEDICATIONS USE BY THE PERSON) DIRECTIONS: a) The objective of the Drug History Assessment is to determine all current or immediate past medication that could mask or mimic mental illness symptoms; b) Include all medications prescribed during the last month and the use of PRNs and any use of over-the-counter medications; this section may be dictated or the form below may be used; and c) Drug data can be compiled by physicians, nurses or other staff trained to use the forms; however, the Drug Assessment must be completed by a psychiatrist.

A. All medications

Drug Name/Strength	Dosage Instructions/ Frequency	Reason Prescribed	Date Started	Date Ended	Additional information, if available: side effects; level of awareness/sedation; orthostatic blood pressure and pulse rate; serum level
Clozaril	150 mg q AM & 300 mg hs	schizophrenia	5/4/95	ongoing	
Reguloid	1tbsp bid with 8 oz liquid	constipation	1/3/94	ongoing	
Acetaminophen	325 mg; 2 tab q 4 <sup>o</sup> prn	pain, fever, discomfort	6/23/93	ongoing	

Daniel Zimmerman  
Individual Compiling Drug History Information

6/15/96  
Date

- B. Assessment of drug history to be completed by psychiatrist performing the examination in Part IV. Are current medications masking symptoms or mimicking mental illness in this person?

See attached
--------------

\_\_\_\_\_  
Signature of Psychiatrist

\_\_\_\_\_  
Date

# Appendix N

- III. PSYCHOSOCIAL EVALUATION DIRECTIONS: a) The object is to determine the individual's ability to engage in activities of daily living and the level of support that would be needed to assist the individual to perform these activities while in the community; b) The psychosocial evaluation requires the compilation of specific client information upon which the assessments in each category are based. The evaluation data should cover a minimum of two (2) years. If the person has been institutionalized the past two years, provide information regarding functioning level prior to institutionalization; c) The following forms are provided to organize the information that can be compiled by staff trained to go through the person's records. The assessment should be completed and signed off by a QMHP and should include information pertinent to how the individual's mental illness has effected his/her functioning level. This section may be dictated or the form below may be used.

## A. Living Situation

Name of Residence	Type of Residence	Dates	Additional information regarding the person's functioning level in each living situation
Parents' home		birth - young adulthood	
Utopia, WI	Independent living	9 months in 1979	This is the longest span of independent living
Grandfather's house	private home	Unknown	
Wilson House	Halfway house	1989	
Grandfather's house		briefly - then decompensated and went to nursing home	
Thompson House	Halfway house	1992 for 1 month	Did not cooperate with staff or others
Cross Wind Manor	Nursing Home	11/15/92 – present	Committed for care and tx due to CMI; was not responding to acute tx in hospital -- needed long term care

## Assessment

Jane was a poor historian who did not want to disclose much in the way of personal background. She has been in a few community placements, but decompensated and was not compliant with medications. Recently, some trial placements in the community have been attempted.
--

# Appendix N

## B. Education

Highest Grade Completed 12th - High School Graduate	Year 1975	Date of GED	List any post secondary education (place, credits, degrees, dates) College degree - bachelor's from Utopia Community College in Music/Education
Special Education Classes	N/A		

## C. Employment

Name of Employer	Position Title	Dates/Duration Held	Salary (Per Week)	Job Type (see key below)
Utopia Public Schools	Teacher (substitute)	1979		competitive
Grandfather	Live-in caregiver	1989 – 1992 (sporadically)	unknown	?
Cross Wind Manor	Laundry worker	1992 – present	pd 3¢/item --- avg. . \$50/mo.	sheltered

### Assessment

Jane's employment history is limited. She currently enjoys working in the laundry dept. of Cross Wind Manor. She indicated a desire to earn more money and relayed that she recently received a raise.
--

**WORK EXPERIENCE** - This category refers to a time-limited training process using structured work activities to increase understanding of work value and demands as well as to develop work behavior or work skill.

**SHELTERED WORK** - This category refers to work for subcompetitive wages or salary in a workshop conducted by a nonprofit organization which provides work under special conditions for persons with disabilities.

**SUBSIDIZED** - This category refers to work where the employer (or employee) receives monetary inducements from another source to hire (be hired) noncompetitive candidates for work.

**COMPETITIVE** - This category covers work for remuneration in business, industry, government or other organizations that exercise selective hiring practices based upon qualifications of available applicants. Positions are not time-limited and pay a market wage.

**VOLUNTEER WORK** - This category refers to work activity where time/service is contributed to an organization that typically accomplishes work by individuals by volunteering.



Appendix N

D. Social History and Supports

1. Marital Status (Note Dates and Changes) Single

2. Children None

Name(s)	Birthdate(s)	Custody Status Including Dates and Reasons for Changes in Custody Status	Additional Information
N/A			

3. Significant Others (e.g., spouse, parent, landlord, public defender, employer)

Name(s)	Relationship	Additional Information
Chris and Nancy Doe	Parents	Involved and maintain contact with Jane. Jane regularly goes on home visits and community outings.

Assessment

The records indicate Jane's parents remain in contact with her and she is involved in a relationship with a male resident of the facility. It should be noted that this male is HIV positive. Staff and Jane's psychiatrist have spoken with Jane re: sexual activity protection from HIV. Jane consents to sexual contact with this male and condoms are available.
--

Appendix N

E. Substance Abuse/Illegal Drug Use N/A currently

Types of Drugs	Amounts	When Use Began and Ended	Additional Information/Treatment History

Assessment

Records indicate she experienced a drug overdose on two occasions approximately 10 years ago. Currently, she smokes cigarettes, but denies alcohol use. In December 1991, she took a large dose of anti-psychotic meds and grandfather's heart pills. Hospitalized at St. Mary's Hospital, Utopia.

F. Legal Status

Check the Box Indicating Current Legal Status	Dates	Additional Information
<input type="checkbox"/> Voluntary Admission <input checked="" type="checkbox"/> Involuntary Commitment <input type="checkbox"/> Protective Placement & Guardian	11/15/92 - recommitted 5/10/93	

Assessment

The records indicate Human Services is continuing to plan for community placement for Jane, however an appropriate setting is not yet available.

G. Current Financial Support

Source	Amount	Begin Date	End Date
SSI	\$37/mo by Jane's report		current
sheltered work	approx. \$50/mo.		current

Assessment

Medicaid pays for Jane's stay at Cross Wind Manor. She indicates a desire to work more in order to have increased earnings. She manages her own funds - buys her own clothes at rummage sales in town.

\_\_\_\_\_  
 Daniel Zimmerman, QMHP  
 Signature of Qualified Mental Health Professional (QMHP)

\_\_\_\_\_  
 6/15/96  
 Date Completed

Appendix N

- IV. FUNCTIONAL ASSESSMENT: a) The objective is to determine the individual's ability to engage in activities of daily living; b) include the level of support which would be needed to assist the individual to perform these activities while living in the community and where that level of support can be provided; c) data for this part of the assessment should be completed and signed off by any member of the team who meets the QMHP requirements.

**Note: If the individual is dually diagnosed, completion of the Level II for persons with developmental disabilities meets the requirements for this section.**

	What level of support would this person need to assist him/her to perform this activity in the community?	Can this level of support be provided to the individual in an alternative community setting? If so, what setting?	Is this level of support such that NF placement is required?
1. Self monitoring of health status (including monitoring and supervising one's own health status and self-administering medication and scheduling medical treatment).	Jane has done well at Cross Wind utilizing privileges. She is able to medicate herself independently and properly. Does worry about self-medicating and does well with supervision	Medication supervision could be done in a CBRF.	No
2. Self-monitoring of nutritional status (eats balanced diet, appropriate snack foods, and fluids).	Feeds self regular diet	Yes, CBRF/AFH or independent living.	No
3. Handling money (does not do or has skills but does not have opportunity to do).	Independent - Purchases her clothes second-hand.	Yes - any setting	No
4. Dressing appropriately (on a daily basis; wears weather related clothing).	Independent.	Yes, CBRF/community setting	No
5. Grooming (personal hygiene, combs hair, brushes teeth).	Independent; also keeps her room neat.	Yes, CBRF	No

Daniel Zimmerman  
Signature of QMHP completing the functional assessment

6/15/96  
Date of the assessment

Appendix N

- V. COMPREHENSIVE PSYCHIATRIC AND MENTAL STATUS EVALUATION DIRECTIONS: a) The objective is to determine the individual's psychiatric status and to determine whether or not the individual needs specialized services for those conditions; b) Include treatment history, recent and past psychiatric history, mental status exam, diagnoses and treatment recommendations; c) The data for this part of the assessment can be collected by staff trained to compile the past treatment information, but the assessment must be either reviewed and countersigned or completed by a board certified or board eligible psychiatrist.

A. Psychiatric and Mental Status Assessment

1. Psychiatric Treatment History

Inpatient/Outpatient Treatment History (start with most recent)	Name of Treatment Provider	Dates	Treatment Received	Treatment Outcome
Outpatient Tx	John Johnson, MD	4/15/92 - present	Medication adjustment, supportive therapy. Has been on Lithium, Navane, Haldol, Thorazine - not effective. Currently, Clozaril effective @ managing symptoms.	Stabilized
Outpatient Tx	John Brown, MD	many years	Lithium and Haldol	Would return to community, but required hospitalization
Inpatient Tx @ Hennepin Co. General (suicidal, hallucinating)	Dr. J. Brown	10/15/92 11/10/92-11/15/92	Lab work, med adjustment	D/T psych

## Appendix N

2. Recent Psychiatric History
3. Past Psychiatric History
4. Mental Status Exam
  - a. General appearance
  - b. Psychomotor
  - c. Thought content: current abilities, overt behavior, suicidal/homicidal ideation, reality testing, presence and content of delusions and hallucinations
  - d. Thought form
  - e. Perceptions
  - f. Emotional state - Affect and mood
  - g. Orientation
  - h. Cognitive functioning and intellect
  - i. Judgement
  - j. Insight to his/her mental illness
5. Summary of findings, including review of current treatment plan
6. Diagnosis using DSM III-R (all five axes)
7. Specialized services recommendations for each psychiatric diagnosis (include medication and other biological treatments, psychosocial and rehabilitation services, and other symptom management or psychotherapy)

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Psychiatrist's Signature

---

Date

- B. Meeting the psychiatric/mental status requirement with existing records
1. A previous hospital admission history and psychiatric assessment may be used if:
    - a. It is comprehensive and includes most of the points listed; **and**
    - b. It was done within the last three (3) months; **and**
    - c. It is accompanied by an update that was done within the last ten (10) days; **and**
    - d. It is accompanied by the previous records or information that are referenced.
  2. Additions and modifications may be made to the admission history and psychiatric assessment if they are made on the copy, initialed and dated.
  3. Update
    - a. It must be done within the last ten (10) days; **and**
    - b. It should cover any mental illness or hospitalization that has occurred since the date of the hospital admission history and physical exam which is being used to satisfy this requirement.

## Appendix N

Jane Doe

July 26, 1996

History and Physical Examination: Major Medical Diagnoses: Jane Doe is a 38-year-old single woman who began having psychiatric problems about 15 years. For years now she has been treated as having bipolar disorder and has been on Lithium, Haldol, Thorazine and other psychotropic drugs without much benefit until Clozaril was added to her medications about a year ago. Since then she has gradually been weaned off of Lithium and is on Clozaril alone 150 mg. every morning and 300 mg. every hs.

She has had no significant medical history other than a drug overdose on two occasions about 10 years ago. Status post elective sterilization in 1979.

Medications: Clozaril as mentioned above. Otherwise Reguloid for constipation, one teaspoon b.i.d. Aspirin as needed for pain.

Family History: The patient reports that she has one sister that has been treated for depression. She also reports that her father has had a MI and hypertension and that her mother has had some kind of heart disease.

Review of All Systems: Patient denies chest pain, shortness of breath or other cardiopulmonary symptoms. No abdominal discomfort. No change in bowel habit except for the intermittent constipation that she experienced from atrophic medications. Review of her systems is negative. She does smoke but denies alcohol use.

Physical Examination: Patient is a rather tall attractive looking woman who appears to be her stated age of 38. She came into the examination with some ambivalence, but once here, participated fully in the physical exam and the mental status exam. Blood pressure 110/60, pulse 96, weight 165. She is in no acute distress. Appears to be active and in good health. Eyes: Equal and reactive. Extraocular movements are intact. Nose: Patent. Oropharynx without edema. Tongue protrudes midline. Gag reflex is intact. Neck is supple. There is no lymphadenopathy or thyroid palpable. Lungs are clear without rales, rhonchi or wheeze. Heart regular without murmur or gallop. Abdomen is soft, nontender without masses. There is no organomegaly. Extremities: Ankles: No edema. Neurologic: Motor strength is good throughout. Gait is normal. There are no sensory deficits. Cranial nerves are intact. The deep tendon reflexes are 2+. Normal Babinski's.

Treatment Plan: Patient is not receiving treatment for any medical illnesses. She has been stabilized on Clozaril alone without Lithium. She needs no other medications. She is going on trial at a group home, Thompson House, on the 21st of next month.

Psychiatric and Mental Status Examination:

Recent Psychiatric History: Jane was admitted as a patient at Cross Wind Manor on November 15, 1992. Prior to her admission she had been on medications that included Lithium, Navane, Haldol and Thorazine. There was nothing to suggest that any of these drugs or combination of them had been helpful. There was a question of medication compliance when she was not in a structured setting. At the time of her admission here, she was put on Thorazine along with Lithium to establish baseline. The first few days after her admission she remains psychotic and was withdrawn, talked about hearing voices and also expressed anger towards the people around her. Along with this, she seemed depressed and was intermittently agitated. She had no understanding or insight into her mental condition. She took her medications but did not understand

## Appendix N

the benefit of them. She seemed to have a general disregard for rules, attended to be aloof and guarded in her interactions with staff and other peers.

On November 10, 1993, Jane was recommitted for a year. She was showing some increase and disorganized behaviors. She was unable to follow through with simple expectations and did not seem to be stabilizing on Lithium and Thorazine. Without much response of these neuroleptic medications, she was considered a candidate for Clozaril. Clozaril was started about a year ago (May 4, 1995) and had been increased up to her present level of 450 mg. every day. She improved within a few weeks; thinking clearer, she was less delusional, less paranoid and was able to concentrate better. She began taking responsibility for self, administering medications, showed some interest in discussing discharge plans, et cetera. As Jane improved, she was taken off of Lithium on a trial basis and suffered no relapse of symptoms from this. She began taking overnight passes and weekend passes with her family, continued to have some thought blocking and circumstantial associations but otherwise continued to improve. She began using downtown privileges well without disorganizing and continued to cooperate with her medications. For these reasons, primarily because she had an unsuccessful experience there before, she did not want to return to Thompson House after leaving here. However, this seems to be the only group home alternative that we have and she will go there on a trial basis on the 21st of next month.

Past Psychiatric History: I do not have much history regarding the early onset of Jane's illness. She is not a very good historian about this. She did finish high school and apparently college and was a substitute teacher for a time in 1979. The longest period that she ever lived on her own was for nine months. Otherwise, she lived either with her parents or grandparents. In 1989 she lived at the Wilson House, a halfway house. She then went to her grandfather's home and after that in 1992 for a month at Thompson House. She did not cooperate with staff or with treatment plan.

She was treated by Dr. John Brown in Utopia for many years with bipolar disorder and had several admissions to St. Mary's Hospital under his care. Hospital admissions, she was hearing voices, feeling suicidal and having voices tell her to kill her boyfriend. She was diagnosed with bipolar disorder, mixed with psychotic features. Treatment consisted primarily of Lithium and Haldol.

On September 2, 1992 Dr. Smith, consulting psychiatrist, examined Jane for commitment hearing. He stated that the patient had a history of treatment noncompliance. She had no insight into her illness, and that she would continue to deteriorate if she was not in a structured environment. She was dangerous to herself and that her commitment could take place in the nursing home at Cross Wind Manor.

Mental Status Examination: Patient is a tall well nourished healthy looking female who comes into the examining room with some ambivalence, accompanied by a nurse. She, at first, had poor eye contact, looked away from me all the time, but as the examination continued, she began to make better eye contact on a regular basis. Affect is somewhat blunted, but she does have affective range. Seemed pleasant during most of the examination. Expressed some concern about leaving Cross Wind Manor and going to the group home. She wondered how she would be able to work and to make friends. There is something of a clinging and dependent quality in her manner with me. She had some blocking in her speech, some difficulty completing sentences and in stating what was really bothering her. When I let her fumble for the right responses, she became obviously distressed and tearful. Hallucinations that she has mentioned in the past are less obvious to her now. She talked about voices that belonged to her sister that tended to be critical and she wished that she could validate these with her sister. When I pressed her on the issue of why she had not contacted her sister, she said that the two of them were not very close. She is alert, well oriented as person, place and time

## Appendix N

and has a good memory for past and recent events. She does not express any manic behavior, flight of ideas, tangentiality, et cetera. Certainly has no pressured speech. She does not seem to be overtly depressed at this time but mainly anxious about moving into the group home in two weeks. She denies suicidality. She has expressed to the staff some understanding of her illness and some willingness to accept responsibility for her treatment program. She tends to be rather dependent and may not do as well out of this structured environment as she is doing right now.

Summary: This is a 38-year-old single woman who has a history of psychiatric problems that go back about 15 years. She went to college, apparently became a teacher, and then began to fall off in her functioning since then. In the time that she was working as a substitute teacher, apparently she had some kind of a psychotic break. After that she lived in group homes, halfway houses, lived with her parents and grandfather and ultimately began treatment in Utopia with Dr. John Brown for bipolar disorder. Neuroleptics and Lithium either separately or alone did not seem to be helpful to her. While here, during the past year, she has been taking Clozaril with excellent results. Fewer psychotic symptoms, is functioning much better, is taking weekend passes home to her parents, is going into the community on her own and is now getting ready to have a trial at a group home, Thompson House.

### Diagnosis:

- Axis I: Schizophrenia, chronic, undifferentiated.
- Axis II: Dependent personality disorder.
- Axis III: No diagnosis.
- Axis IV: Psychosocial stressors. The patient has been unable to establish herself independently except for one nine month period during her adult life; she has been treated for a chronic psychiatric illness over the past 15 years. She is somewhat alienated but overly dependent on her family. Has no friends.
- Axis V: Global assessment of functioning: 40 to 50. Patient has serious impairment in social, occupational and interpersonal relationships. Also continues to have some delusional problems which hinders her reality testing and communications with others.

Recommendations: The patient has had excellent results with Clozaril after years of medication failure with the traditional neuroleptic and with Lithium. Her psychotic symptoms have come under better management and control with Clozaril; the dependent personality is clearly showing through at this point and will complicate her efforts to live independently. Concur with the trial at the group home this month and would expect that she could make an adjustment there if she is compliant with her medications and with the other treatments and follow up counseling that she will need.

Dictated by Dr. Jones  
06/15/96



**LEVEL II Preadmission Screening and Resident Review (PASARR)  
EVALUATION SUMMARY AND NOTICE OF APPEAL RIGHTS**

page 1 of 2

I. A member of the Preadmission Screen and Resident Review (PASARR) Area Evaluation Team checked the box below that applies and explained to me the results of my PASARR Level II Screen and whether or not I can be admitted or stay in a nursing facility:

- ☐ a) The federal regulation, 42 CFR 483.118, says that I cannot be admitted to a nursing facility because it was decided that I do not need the services of a nursing facility. If I want to appeal this decision, the Division of Hearings and Appeals must receive my letter within **45 days** of the day I receive this notice.
- ☐ b) The federal regulation, 42 CFR 483.118, says that I cannot stay in a nursing facility because it was decided that I do not need the services of a nursing facility. If I want to appeal this decision, the Division of Hearings and Appeals must receive my letter within **45 days** of the day I receive this notice. See the note below for time requirements for Medicaid payment.
- ☐ c) The federal regulation, 42 CFR 483.118, says that I cannot stay in a nursing facility because I have been in a nursing facility for less than 2½ years and it was decided that I do not need the services of a nursing facility, although I do need specialized services (see page 2). If I want to appeal this decision, the Division of Hearings and Appeals must receive my letter within **45 days** of the day I receive this notice. See the note below for time requirements for Medicaid payment.

**NOTE:** The impact of a determination for (b) or (c) depends on whether or not and when I appeal this determination:

- 1) If I receive Medicaid and choose not to appeal this decision, then the Medicaid program will stop paying for my stay in the nursing facility in **10 days** from the day I receive this notice.
  - 2) If I receive Medicaid and I want the Medicaid program to continue paying for my stay in the nursing facility, the Division of Hearings and Appeals must receive my appeal letter within **10 days** from the day I receive this notice. If I appeal this decision and the hearing officer decides I do not need the services of a nursing facility, then the Medicaid program will stop paying for my stay in the nursing facility as of the date of the hearing officer's decision. If I appeal this decision and the hearing officer decides I do need the services of a nursing facility, then I may stay in the nursing facility and the Medicaid program will continue to pay for my stay.
  - 3) If I receive Medicaid and the Division of Hearings and Appeals receives my appeal letter after **10 days** after I receive this notice, then Medicaid payment for my stay in the nursing facility will stop. If the hearing officer decides I do need the services of a nursing facility, then I may stay in the nursing facility and the Medicaid program will pay for my stay, including the time during the appeal process.
- ☐ d) The federal regulation, 42 CFR 483.118, says that I can stay in a nursing facility if I want to stay, even though it was decided that I do not need the services of a nursing facility, because I have been in a nursing facility for more than 2½ years and because it was decided that I do need specialized services.
  - ☐ e) The federal regulation, 42 CFR 483.118, says that I can be admitted or stay in a nursing facility, because it was decided that I need the services of a nursing facility.

This decision was based primarily on the following:

**Appendix N**  
**LEVEL II Preadmission Screening and Resident Review (PASARR)**  
**EVALUATION SUMMARY AND NOTICE OF APPEAL RIGHTS**

page 2 of 2

II. A member of the Preadmission Screen and Resident Review (PASARR) Area Evaluation Team checked the box below that applies and explained to me how the results of my PASARR Level II Screen will affect the care and treatment I receive in a nursing facility (if I can be admitted or stay in a nursing facility; see page 1 of this form):

- ☐ a) Based on the federal regulations, at 42 CFR 483.134 and 483.136, it was determined that I need an intensive, continuous treatment program called **specialized services** for my developmental disability or my mental illness. If I want to appeal this decision, the Division of Hearings Appeals must receive my appeal letter within **45 days** of the day I receive this notice.
- ☐ b) Based on the federal regulations, at 42 CFR 483.134 and 483.136, it was determined that I need services of a lesser intensity than specialized services called **specialized psychiatric rehabilitation services** for my mental illness. If I want to appeal this decision, the Division of Hearings Appeals must receive my appeal letter within **45 days** of the day I receive this notice.
- ☐ c) Based on the federal regulations, at 42 CFR 483.134 and 483.136, it was determined that I do not need **specialized services or specialized psychiatric rehabilitation services** for my developmental disability or my mental illness. If I want to appeal this decision, the Division of Hearings Appeals must receive my appeal letter within **45 days** of the day I receive this notice.

This decision was based primarily on the following:

III. If I think either of the PASARR decisions are wrong, then I can appeal these decisions to the:

Division of Hearings and Appeals  
5505 University Avenue, Suite 201  
P.O. Box 7875  
Madison, WI 53707-7851

- The information in this form is required, by federal regulations at 42 CFR 483.128(j)-(l), to be presented to persons who receive a PASARR Level II Screen. If this notice was mailed, then return one copy to the PASARR Area Evaluation Team in the enclosed envelope.
- If I want to appeal, I must include a copy of this notice with a letter that says I want to appeal.
- I was told that I may choose to represent myself at the hearing or I may choose to be represented, at my cost, by an attorney, a relative, a friend, an advocate or other spokesperson. I was told that my county department of social services will give me the names of organizations that provide free legal assistance in my area of the state.
- I have received an explanation and a copy of this Evaluation Summary and Notice of Appeal Rights.

\_\_\_\_\_  
Print Client's Name

\_\_\_\_\_  
Signature of PASARR Team Member Providing This Summary

\_\_\_\_\_  
Client's or Guardian/Health Care Agent's (if applicable) Signature

\_\_\_\_\_  
Date

Note: Additional approvals from other parties (the county department of human services/community programs, the county court, and the Bureau of Quality Assurance (BQA) may be necessary before you can be admitted to a nursing facility.